

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TENNESSEE  
WESTERN DIVISION

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UNITED STATES OF AMERICA,

Plaintiff,

VS.

JEFFREY W. YOUNG, JR,

Defendant.

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) NO. 1:19-cr-10040-JTF-1

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TRANSCRIPT OF JURY TRIAL PROCEEDINGS

BEFORE THE

HONORABLE JOHN T. FOWLKES, JR.

March 29, 2023

MORNING SESSION

LASHAWN MARSHALL, RPR  
OFFICIAL COURT REPORTER  
167 N. MAIN STREET - SUITE 242  
MEMPHIS, TENNESSEE 38103

**A P P E A R A N C E S****FOR THE PLAINTIFF:**

MS. KATHERINE PAYERLE  
MR. ANDREW PENNEBAKER  
Assistant United States Attorneys  
UNITED STATES DEPARTMENT OF JUSTICE  
FRAUD SECTION  
1400 New York Avenue, NW  
Washington, DC 20530

**FOR THE DEFENDANT:**

MR. CLAIBORNE H. FERGUSON  
MR. RAMON DAMAS  
Attorneys at Law  
CLAIBORNE FERGUSON LAW FIRM, P.A.  
294 Washington Avenue  
Memphis, Tennessee 38103

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WEDNESDAY

MARCH 29, 2023

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**THE COURT:** Okay. Good morning, everyone. I think we're just about ready to get back to the trial. Before we do that, just a minor matter that I want to go ahead and put on the record. One of our jurors, Marcie Draper, who I believe is in Seat Number 7, wrote a note; gave it to our court security officer who gave it to me about a contact with a court reporter. Just want to read it into the record. I don't think anything -- I don't think there's anything that we need to follow up. She handled as we have directed.

And I'll just read it into the record: Judge Fowlkes, this morning I parked next to a women, and we talked -- I'm sorry -- walked together to the federal building. She disclosed to me that she was a reporter from Jackson. Before that, she asked me my name, and I told her. Then she told me she was a reporter. Conversation stopped by me. She does not know anything but my name.

And it's signed Marcie Draper. Any comments from either side?

1           **MS. PAYERLE:** No, Your Honor, not from the  
2 government.

3           **MR. FERGUSON:** I would just -- if she was  
4 talking to a reporter, I would just like if she would say  
5 on the record that she didn't disclose any information in  
6 the case. I don't think it's -- really matters, but it  
7 does seem like it could be something that in the future  
8 might need to have some record of in case it became an  
9 issue.

10          **THE COURT:** That's why I'm putting it on the  
11 record now. When she's brought in, I'm going to tell her  
12 thank you for giving us the note. She's indicated that  
13 she didn't disclose anything about the case, just her  
14 name, and then I'll just quickly follow up with that.

15          **MR. FERGUSON:** That sounds great. We'd  
16 appreciate that, Your Honor.

17          **THE COURT:** All right.

18          **MR. FERGUSON:** Thank you.

19          **THE COURT:** Anything else before get back to the  
20 jury?

21          **MR. FERGUSON:** No, Your Honor.

22          **MS. PAYERLE:** No, Your Honor.

23          **THE COURT:** All right. And I think we need our  
24 witness to come back forward, if you would, please.

25               (The witness complies with the request.)

1           **THE COURT:** Is it Tripp or Scott?

2           **THE WITNESS:** Tripp.

3           **THE COURT:** Okay. Go ahead and take a seat  
4 here, if you would.

5           (The witness complies with the request.)

6           **THE COURT:** And bring in the jurors.

7           (Jury in at 9:33 a.m.)

8           **THE COURT:** Okay. Ladies and gentlemen, hope  
9 you had a good evening last night. You're recharged and  
10 ready to go. All right.

11           Before we get back to the proof, I think you see  
12 our witness is in place and ready to go. Just a brief  
13 matter I want to discuss with Ms. Draper.

14           Ms. Draper?

15           **THE JUROR:** Yes, sir.

16           **THE COURT:** Okay. You wrote a note about  
17 contact with a court reporter. I don't think she's  
18 working on this case.

19           **THE JUROR:** Okay.

20           **THE COURT:** Okay. We have the two. Of course,  
21 we have Ms. Marshall who's here and then another one that  
22 comes in, in the afternoon. But the -- the note that you  
23 gave me indicates that, really, y'all were just  
24 exchanging names, and there was no discussion about what  
25 you were doing or anything like that.

1           **THE JUROR:** No, sir. As soon as this person  
2 disclosed that they were a reporter from Jackson.

3           **THE COURT:** Yes.

4           **THE JUROR:** And all -- and all that I said was  
5 my name.

6           **THE COURT:** Okay. Did you have the juror  
7 sticker on when you were walking in?

8           **THE JUROR:** I did not.

9           **THE COURT:** Okay. But you've got it on now?

10          **THE JUROR:** Yes. Correct.

11          **THE COURT:** All right. Well, appreciate it.

12          **THE JUROR:** Just wanted to be up front and . . .

13          **THE COURT:** Okay. I don't think it's going to  
14 influence your decision one way or the other.

15          **THE JUROR:** No.

16          **THE COURT:** There was basically no  
17 communication?

18          **THE JUROR:** Correct.

19          **THE COURT:** Appreciate you letting me know.  
20 Thank you.

21          **THE JUROR:** You're welcome.

22          **THE COURT:** All right.

23          **MR. PENNEBAKER:** And Your Honor, just to make  
24 that the -- that the record is clear, Your Honor said a  
25 court reporter. It sounds like it's a media reporter --



1           **THE JUROR:** Correct.

2           **MR. PENNEBAKER:** -- from Jackson, Tennessee, and  
3 I wanted to --

4           **THE COURT:** I did say court reporter, and it  
5 says here she was a reporter from Jackson, Tennessee.

6           It wasn't a court reporter, then?

7           **THE JUROR:** No. No.

8           **THE COURT:** Okay. But a --

9           **THE JUROR:** Not that I believe.

10          **THE COURT:** -- a newspaper or media reporter?

11          **THE JUROR:** Her exact words were a reporter from  
12 Jackson.

13          **THE COURT:** Okay. After that?

14          **THE JUROR:** I didn't ask her any questions.

15          **THE COURT:** All right. And so that individual  
16 doesn't even know whether you're a -- on a jury?

17          **THE JUROR:** No.

18          **THE COURT:** Okay. Thank you.

19          **MR. PENNEBAKER:** Thank you, Your Honor.

20          **THE COURT:** All right.

21          **MR. FERGUSON:** Thank you.

22          **THE COURT:** That being said, unless there's  
23 anything else on that, let's go ahead and proceed.

24                 Government, you may proceed.

25          **MS. PAYERLE:** Thank you, Judge.

1 KATIE TRIPP,

2 having been PREVIOUSLY duly sworn, was examined and  
3 testified as follows:

4 CONTINUED DIRECT EXAMINATION

5 BY MS. PAYERLE:

6 Q. Okay. Good morning, Ms. Tripp.

7 A. Good morning.

8 Q. Okay. At the end of the day yesterday, we had  
9 watched a video in which you and an undercover going by  
10 the name of Christina Norton were in a doctor visit or a  
11 patient visit with Mr. Young.

12 A. Uh-huh.

13 Q. And I have a few questions about that video.

14 During the video, Ms. Norton referenced tabs. What  
15 are tabs?

16 A. Lortabs.

17 Q. And where is that word "tabs" used?

18 A. Street. Street lingo.

19 Q. Okay. And in the -- we saw in the video Mr. Young  
20 touch, I believe, somebody. Who was that? Was that you  
21 or Ms. Norton?

22 A. Ms. Norton.

23 Q. And did she, during that touching exchange, wince  
24 or express any sort of facial expression to indicate that  
25 she was feeling pain when he touched her?

1 A. No, she did not.

2 Q. At any time during that visit, did either one of  
3 you kind of put on facial expressions or limp in a way  
4 that you would indicate that you were feeling or  
5 experiencing pain?

6 A. No.

7 Q. And, in fact, at the beginning of the video, I  
8 think somebody stood up and walked across the room. Who  
9 was that?

10 A. Christina. She was in his seat.

11 Q. Okay. And so when she stood up from his seat and  
12 moved to the other seat, did she move normally?

13 A. Correct, she did.

14 Q. All right. Did Mr. Young react to this use -- her  
15 use of street lingo for Lortabs?

16 A. He understood what she meant.

17 Q. Okay. But did he react in any other way?

18 A. No.

19 Q. Ms. Norton also discussed that she, quote, smoked  
20 some to relieve the symptoms. Did Mr. Young advise  
21 against this?

22 A. No.

23 Q. Did Mr. Young, at that time or at all -- well,  
24 during the video, Mr. Young invites the two of you to a  
25 party at his house. Do you remember that?

1 A. Yes.

2 Q. At any time did he tell you that if you attend his  
3 party, you shouldn't drink alcohol while taking the drugs  
4 that he's prescribed you?

5 A. Can you repeat that?

6 Q. Yeah, that was a terrible question. Sorry.

7 At any time did he warn you, hey, you know, if you  
8 come to my party, because I've prescribed you these  
9 drugs, you shouldn't drink any alcohol at all?

10 A. No, he did not.

11 Q. Okay. Did he, in fact, tell you you should fit in  
12 at the party?

13 A. Yes.

14 Q. Okay. I'm going to -- and did you and Ms. Norton  
15 both get a prescription for -- and I'm using "Ms. Norton"  
16 understanding that's her undercover name, right?

17 A. Correct.

18 Q. Okay. Did you and Ms. Norton both get a  
19 prescription from Mr. Young at this visit?

20 A. Yes, we did.

21 Q. Okay. I'm going to show you, I believe, two  
22 exhibits. The first one -- see, is -- Okay. Here we go.  
23 It's a one-page exhibit with two prescriptions made out  
24 to Katie Crowder. Is that the prescription you received?

25 (A document was passed to the witness.)

1 A. Yes, it is.

2 MS. PAYERLE: Move to admit, Your Honor.

3 THE COURT: We'll go ahead and receive it.

4 Exhibit, should be 38.

5 (The above-mentioned item was marked as

6 Exhibit No. 38.)

7 BY MS. PAYERLE:

8 Q. And the second document I'm going to show you is  
9 two pages. Is this the prescription and an order for  
10 imaging that Ms. Norton received?

11 (A document was passed to the witness.)

12 A. Yes, it is.

13 MS. PAYERLE: Okay. Move to admit.

14 THE COURT: That'll be 39.

15 (The above-mentioned item was marked as

16 Exhibit No. 39.)

17 MS. PAYERLE: Okay. Let's first put up --

18 actually either one of them. Either -- let's see -- 1128  
19 or 11 (indiscernible).

20 THE COURT REPORTER: Excuse me?

21 MS. PAYERLE: 1128 or 1128-A.

22 Okay. And I believe we're looking at -- what  
23 are the two numbers? 38 and 39?

24 CASE MANAGER: Correct.

25 MS. PAYERLE: I believe we're looking at 38.

1 **BY MS. PAYERLE:**

2 Q. Okay. What are we looking at here at Exhibit 38?

3 A. Prescriptions that was written to me.

4 Q. And what were those prescriptions for?

5 A. Lortab, 90 for 30 days, and fentanyl patches, 75  
6 micrograms.

7 Q. Okay. A pack of 10; is that right?

8 A. Yes.

9 Q. And is there a receipt on this page as well?

10 A. Yes.

11 Q. And did you pay cash for that visit?

12 A. I did.

13 Q. And then there's another appointment. It says  
14 November 15th at 1:00. So you also set up the next  
15 follow-up appointment?

16 A. Correct.

17 Q. At any point during this visit, sort of when you  
18 were setting up the next appointment, did -- was there an  
19 irregularity with the way that either you or Ms. Norton  
20 was categorized as patients?

21 A. Yes, there was.

22 Q. Could you explain that to the jury?

23 A. Sure. So I was listed as a pain patient at the  
24 clinic. Christina Norton, when she was in there --  
25 there's a threshold that they had to, I guess, abide by.

1 You can only have a certain amount of pain patients  
2 versus weight loss patients. And if you're over, I think  
3 it's 50 percent, you're considered a pain clinic. So he  
4 was not considered a pain clinic at that time, nor did,  
5 you know, want to be. There's regulations and laws  
6 involved with that. So he put her as a weight loss  
7 patient.

8 Q. Did she receive any weight loss drugs during your  
9 visit?

10 A. She did not.

11 Q. What is -- is she overweight?

12 A. Not at all.

13 Q. Okay.

14 **MS. PAYERLE:** Let me take a look, if we could,  
15 Ms. Silverberg, at Exhibit 38, which is 11 --

16 **MS. SILVERBERG:** This is the -- okay. It's 39.

17 **MS. PAYERLE:** Oh, it's 39. Okay. 1128-A.

18 **BY MS. PAYERLE:**

19 Q. And what are we looking at here? This is the first  
20 page. Is that an order for an imaging of some kind?

21 A. It is.

22 Q. Did Mr. Young ask Christina Norton to get imaging  
23 or to order her imaging?

24 A. Yes.

25 Q. Okay. And let's back out of that and look at the

1 second page.

2 **MS. SILVERBERG:** Still going.

3 **MS. PAYERLE:** Wait one second. It will

4 cooperate with us.

5 There they are.

6 **BY MS. PAYERLE:**

7 Q. All right. And what are we looking at here?

8 A. Christina Norton's prescriptions for oxycodone, and  
9 I guess that looks like baclofen.

10 Q. All right. Okay.

11 **MS. PAYERLE:** Thank you. You can pull that  
12 down.

13 **BY MS. PAYERLE:**

14 Q. Okay. Now, we've gone through, I believe, five --  
15 well, six -- maybe six or seven office visits that you  
16 had with Mr. Young. And so I want to ask you some  
17 questions collectively about all five of these visits,  
18 okay, just to make sure we're clear.

19 In any of these five visits, did Mr. Young or  
20 anybody at the clinic ask you if you had any history of  
21 substance abuse issues?

22 A. No.

23 Q. Did Mr. Young or his staff suggest to you any  
24 alternatives to opioids, like Motrin or ibuprofen or some  
25 other pharmaceutical solution to your pain?



1 A. No.

2 Q. Did he suggest physical therapy or exercise as a  
3 remedy to your pain?

4 A. No.

5 Q. Did he suggest that you should consult with a pain  
6 management specialist, rather, when he gave you two kinds  
7 of opioids?

8 A. No.

9 Q. And he did give you two kinds of opioids?

10 A. Correct.

11 Q. In these five visits, did Mr. Young or any of his  
12 staff perform a physical examination of you?

13 A. No.

14 Q. Given the sort of increasing doses of opioids he  
15 gave you, did he ever warn you of the dangers of  
16 dependence or addiction on these drugs?

17 A. No.

18 **MS. PAYERLE:** Just a moment, please.

19 Your Honor, we pass the witness.

20 **THE COURT:** All right. Thank you.

21 Mr. Ferguson, any cross?

22 **MR. FERGUSON:** Mr. Damas will be doing it.

23 **THE COURT:** Mr. Damas, you may proceed.

24 **CROSS-EXAMINATION**

25 **BY MR. DAMAS:**

1 Q. Good morning, Ms. Tripp.

2 A. Good morning.

3 Q. How are you?

4 A. Good.

5 Q. Just a few questions.

6 So let's go back to your very first visit at  
7 Preventagenix. I believe that happened on May 4th of  
8 2016; is that correct?

9 A. It was either April or May.

10 Q. And at that first, that's --

11 A. Well, for first visit where I was seen as a patient  
12 was in May, yes.

13 Q. And that's when you met with Ms. Downing  
14 (phonetic) --

15 A. Correct.

16 Q. -- correct? Right.

17 Do you remember during that first visit filling  
18 out -- and I believe you testified to this, that you  
19 filled out, like, an intake sheet and the normal  
20 procedural things --

21 A. Normal paperwork, that's correct.

22 Q. -- that you do for the paperwork.

23 Do you remember telling them that one of the  
24 reasons you were there was you were having lower back  
25 pain?

1 A. Yes.

2 Q. And you remember that the reason you were having  
3 lower back, you explained to them, was because you had  
4 been waitressing for several years, and you believe that  
5 was the cause of your lower back pain?

6 A. Yes.

7 Q. And when you met with Ms. Downing, I believe you  
8 just testified that nobody at Preventagenix gave you any  
9 sort of plan or treatment options that did not include  
10 opioids; is that correct?

11 A. That involved Jeff Young.

12 Q. Well, Jeff Young is the owner and operator of  
13 Preventagenix, correct?

14 A. Uh-huh.

15 Q. And anything that happens in his clinic, that's  
16 imputed to him, correct?

17 A. Correct.

18 Q. And so, in fact, on May 4th of 2016, after you had  
19 met with Ms. Downing, they had prescribed to you  
20 non-opioids to treat your back pain, correct?

21 A. Correct, tramadol.

22 Q. Tramadol and, like, I believe a muscle relaxer,  
23 correct?

24 A. Correct.

25 Q. And after that visit, that's when you contact

1 Mr. Young through Facebook and essentially tell him you  
2 didn't like the bedside manner, and you wanted to see him  
3 personally?

4 A. Correct.

5 Q. Correct?

6 And it's at the second visit Mr. Young comes and  
7 see you. And I believe it's shown on the video; he has  
8 his file in his hands?

9 A. I believe so.

10 Q. Correct?

11 And you have no reason to disbelieve that he didn't  
12 review that file before meeting with you?

13 A. I'm not sure.

14 Q. And he talked to you, and he asked you, you're  
15 having low back pain, correct?

16 A. I believe the first words out of his mouth was, "So  
17 the tramadol didn't work out for you?"

18 Q. And that would indicate that he had reviewed your  
19 file?

20 A. Or that he was referring to the Facebook message  
21 that I had sent him saying that the medication didn't  
22 work.

23 Q. And --

24 A. And that I didn't feel it.

25 Q. He wouldn't know what the medication was unless he

1 reviewed your file, right?

2 A. That's correct.

3 Q. Correct.

4 And so he asked you, the medication's not working.

5 And that's when you indicate to him that you didn't take

6 it because you couldn't afford it?

7 A. That's correct.

8 Q. Correct?

9 And you, in fact, told him, I've taken something  
10 else that has helped. Can I try that?

11 A. Correct.

12 Q. Correct?

13 And that's when he prescribes the opioid. You have  
14 a conversation about what was working for you, and he --  
15 he makes that judgment to prescribe you that medication,  
16 correct?

17 A. Yes. I told him that I had tried it before, and I  
18 knew I wasn't supposed to, but I did.

19 Q. Okay. And he told you you needed to get him a copy  
20 of your MRI?

21 A. Yes. Asked if I had one.

22 Q. Okay. Now, I believe you testified yesterday that  
23 this was all part of the sheriff's office investigation  
24 into Mr. Young. Or what started the investigation?

25 A. I'm not sure. I wasn't the case agent. I was

1 called to work undercover for the case.

2 Q. Okay. Do you remember why specifically you were  
3 chosen to work the case?

4 A. No. I was just told they needed a female  
5 undercover.

6 Q. A female undercover?

7 A. Uh-huh.

8 Q. Did they explain to you at any -- at any point that  
9 the reason they needed a female undercover was because  
10 you matched descriptions of what you'd consider  
11 Mr. Young's type?

12 A. I wouldn't say matched descriptions, more or less  
13 just the clientele that frequented the clinic.

14 Q. Young, female, attractive, correct?

15 A. Those words were never used when asked if I wanted  
16 to be the undercover. They just said they needed a  
17 female undercover.

18 Q. Okay. You just testified that Mr. Young invited  
19 you to his Halloween party, correct?

20 A. It was a conversation, and it was implied, Come on  
21 over.

22 Q. Did he --

23 A. Not a formal invite, if that's what you're asking.

24 Q. Did he ever give you an address or a date for the  
25 party?

1 A. No. Well, day of the party, yes, Halloween.

2 Q. Is it possible that Halloween parties are held on  
3 days not on Halloween?

4 A. True.

5 Q. But he didn't tell you specifically it's happening  
6 on Halloween?

7 A. He did not.

8 Q. Okay. We've talked about five visits, but there  
9 was more visits than that, correct?

10 A. A few.

11 Q. During any of these visits, did Mr. Young ever  
12 attempt to have sex with you?

13 A. No.

14 Q. Did he ever proposition having a sexual  
15 relationship of any kind --

16 A. No.

17 Q. -- with you?

18 Did he ever proposition sex or any type of  
19 relationship with Ms. Norton?

20 A. No.

21 Q. No.

22 **MR. DAMAS:** That is all. Thank you, Your Honor.

23 **THE COURT:** Thank you.

24 Is there any redirect?

25 **MS. PAYERLE:** No, Your Honor.

1                   **THE COURT:** Okay. Ms. Tripp, thank you very  
2 much. You can step down. You're excused.

3                   **THE WITNESS:** Thank you.

4                   (Witness excused)

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1           **THE COURT:** And if you would, please call your  
2 next witness.

3           **MS. PAYERLE:** Thank you. The United States  
4 calls Dr. Alexander Alperovich.

5           **THE COURT:** All right. Good morning. I need  
6 for you to come forward.

7           Okay. You're good right there.

8           If you would, please, raise your right hand to  
9 receive the oath.

10           (The witness was duly sworn.)

11           **THE WITNESS:** Yes, I do.

12           **THE COURT:** Be seated right here, if you would,  
13 please.

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1                                   **ALEXANDER ALPEROVICH,**  
2       having been first duly sworn, was examined and testified  
3       as follows:

4                                   **DIRECT EXAMINATION**

5       **BY MS. PAYERLE:**

6       Q.       Good morning, Doctor?

7       A.       Good morning.

8       Q.       Would you please introduce yourself to the jury,  
9       your name and your current occupation?

10      A.       I'm Alexander Alperovich. I'm a cardiologist.

11                   **THE COURT:** Okay. Going to need for you to move  
12      that microphone over just a little bit and --

13                   **THE WITNESS:** My name is Alexander Alperovich,  
14      and I'm a cardiologist.

15                   **THE COURT:** Spell that last name for us, please.

16                   **THE WITNESS:** A-L-P-E-R-O-V-I-C-H.

17       **BY MS. PAYERLE:**

18      Q.       And Dr. Alperovich, do you know the defendant  
19      Mr. Jeffrey Young?

20      A.       I do.

21      Q.       What was your professional relationship with  
22      Mr. Young in the early part of 2016?

23      A.       I was his supervising physician.

24      Q.       And could you explain to the jury what you mean by  
25      a "supervising physician"?

1 A. I was hired by Jeff Young to do the supervision of  
2 his medical practice, which means reviewing the charts  
3 for the appropriateness of treatment of his patients or  
4 the diagnostic workup, appropriateness of prescriptions,  
5 and that documentation is proper.

6 Q. And did -- why did Mr. Young need a supervising  
7 physician?

8 A. According to the Tennessee state laws, nurse  
9 practitioners have to have a supervising physician to  
10 supervise their practice.

11 Q. But even with supervision or, I guess, with  
12 supervision, can nurse practitioners prescribe controlled  
13 substances?

14 A. Nurse practitioner can prescribe controlled  
15 substances independently; however, the supervising  
16 physician has to review them and sign for the chart every  
17 30 days and be aware every 10 days.

18 Q. All right. So I like to kind of rewind and talk  
19 about the beginning of when you first sort of started  
20 considering becoming Mr. Young's supervising physician.  
21 When was that?

22 A. It was in October of 2015, early November of 2015.

23 Q. And how did you get -- kind of linked up with  
24 Mr. Young?

25 A. I knew Mr. Young prior, from his previous practice.

1 And the -- his office manager at the time, Kristie  
2 Gutgsell, was my neighbor near the house, and she was  
3 friends with my wife. Our kids played together. And  
4 that's -- Kristie asked my wife if I'm interested to  
5 supervise Mr. Young.

6 Q. And you said you're a cardiologist. Do you have  
7 any other specialties besides cardiology?

8 A. For the last 20-something years, I'm practicing  
9 only cardiology.

10 Q. Only cardiology.

11 So have you ever practiced as a pain management  
12 specialist?

13 A. I never specifically practiced pain management.

14 Q. Okay. Were you an internist for a while?

15 A. I was an internist for a while. The first part of  
16 my medical career in the Soviet Union I was internist.  
17 And then the United States, I went internal medicine  
18 residency and got board certified in internal medicine.

19 Q. But never pain management?

20 A. Never pain management.

21 Q. Okay. What was your first -- can you remember the  
22 first conversation -- describe how it took place with  
23 Mr. Young in which you sort of discussed what it is that  
24 you would be doing. In other words, what it is that you  
25 could expect from being his supervising physician. When

1 was that?

2 A. We met for the dinner in Memphis, and the -- at  
3 that time, my wife and his girlfriend was there, too.  
4 And during the dinner we talked about the -- his practice  
5 and what the expectations are. And --

6 Q. If I can ask you, sorry. You said Mr. Young  
7 brought a girlfriend?

8 A. Yes.

9 Q. And what -- what did she look like?  
10 I mean, how old was she?

11 A. I think she was about late 20s, tall, attractive  
12 human -- a woman, I'm sorry -- and the -- she didn't  
13 participate much in conversation. I think she had too  
14 many drinks that night.

15 Q. Okay. And during that conversation, did Mr. Young  
16 tell you anything about what kind of practice he was  
17 running at Preventagenix?

18 A. From his conversation with me, I understood that  
19 his practice was focused on the -- a lot of cardiology,  
20 preventive cardiology, and with some family practice  
21 medicine.

22 A lot of patients -- he was -- prior to that, he  
23 was working in the other well-known cardiologist in town  
24 as his nurse practitioner for many years and had a large  
25 patient base who apparently, as I understood from his

1 conversation, followed him. And he was taking care of  
2 the cardiovascular needs and also had some family  
3 practice -- general family practice medicine, which  
4 includes common colds and school exams, evaluations and  
5 stuff like that, and whatever comes along with that,  
6 maybe occasional pain management. But more or less, kind  
7 of a family practice.

8 Q. When you say preventative cardiology, can you  
9 explain to the jury, kind of day in and day out, what  
10 does a preventative cardiology practice -- what did that  
11 mean to you when you heard preventative cardiology?

12 A. Preventive cardiology means that patients who have  
13 risk factors for coronary disease or other cardiac  
14 disease, require management or who had already cardiac  
15 event like heart attacks, require aggressive management  
16 of the risk factors. It's like high cholesterol,  
17 diabetes, high blood pressure, tobacco smoking,  
18 behavioral changes, the -- in order to prevent future  
19 events. Weight control and stuff like that. So the --  
20 that's the preventive part of a cardiology.

21 Q. And so when Mr. Young told you that half of his  
22 clinic was devoted to preventative cardiology, what kind  
23 of medicines would you -- did you expect that he would be  
24 prescribing in that heading?

25 A. I would envision that the -- be cholesterol

1 lowering medications, blood pressure medications,  
2 diabetes medications, maybe weight management  
3 medications, sometimes blood thinners, that type of --

4 Q. You said blood thinners?

5 A. Yeah.

6 Q. Okay. And what about the tests that you would  
7 expect him to order in a sort of half-preventative  
8 cardiology practice? What kind of tests would he be  
9 ordering?

10 A. We do blood testing. Sometimes we'll call  
11 functional testing, ultrasound of the heart,  
12 echocardiography, stress test, maybe read the monitoring  
13 devices, stuff like that.

14 Q. And then as a -- sort of in the preventative  
15 cardiology practice, what would be your -- what was your  
16 expectation about sort of the -- your business interest?  
17 What would you get out of working with Mr. Young doing  
18 the preventative cardiology practice?

19 A. Well, this patients -- and many times things  
20 develop, and they need a high level of care. They need  
21 specialized testing, either noninvasive like ultrasound  
22 or invasive, going to the cath lab and doing invasive  
23 evaluation, or maybe further workup and referring to  
24 surgical colleagues to do the open heart and stuff like  
25 that. So for this role, then cardiologist comes in.

1           From my side, I felt that some patients who need  
2           this type of work could be better addressed by somebody  
3           experienced in managing risk factors like cholesterol and  
4           educational activities and the type control of the  
5           abnormalities in the blood.

6           Q.     And so was it you hope that Mr. Young, if he came  
7           across a -- sort of a "higher level of care" patient,  
8           that he would refer those to you, a cardiologist?

9           A.     Yes, indeed.

10          Q.     Okay. And that would generate business for your  
11          clinic?

12          A.     Right. It would increase my volume of patient I  
13          see and make me busy, and obviously there was business  
14          interest in it.

15          Q.     Okay. And would it be possible, for example, to do  
16          the cardiovascular preventative medicine that Mr. Young  
17          described to you at that first dinner? Would it be  
18          possible to do that kind of medicine without ever  
19          prescribing a controlled substance?

20          A.     Absolutely.

21          Q.     Are these blood thinners, cholesterol medicine,  
22          diabetes medicine -- are these drugs that you just  
23          described to the jury for preventative cardiology, or are  
24          those controlled substances?

25          A.     They're prescribed and require prescription, but



1 they're not controlled, no.

2 Q. Okay. So there's a distinction?

3 A. Right.

4 Q. Okay. Okay. So that was half of what he told you  
5 he was doing?

6 A. Right.

7 Q. The other half he told you was family medicine?

8 A. Right.

9 Q. And can you describe to the jury what you  
10 understood him to mean when he said he was running a  
11 family medicine practice?

12 A. As I understood, family medicine would be --  
13 address issues like chronic lung disease, maybe some  
14 gastroenterologist stuff like peptic (indiscernible) --

15 **THE COURT REPORTER:** Like what?

16 A. Peptic ulcer disease, for example.

17 **BY MS. PAYERLE:**

18 Q. Peptic ulcer; is that --

19 A. Right.

20 Q. Okay.

21 A. I'm sorry.

22 Q. That's okay.

23 A. It's my accent, I guess.

24 I gastroesophageal reflux disease. I mean, was an  
25 example I'm saying. And requiring management, follow-up.

1 It could be some also pains, joint pains, back pains, and  
2 stuff like that, school physicals for the kids or the --  
3 some young adults, some vaccinations or whatever people  
4 need, maybe Pap smears for women, some women health,  
5 like, stuff, you know, pelvic pains and stuff, arthritis.  
6 That's kind of I envision.

7 Q. Did you feel that your previous experience as an  
8 internist would allow you to be a good supervisor for the  
9 family practice side?

10 A. Right.

11 Q. Okay. Given what he told you at dinner, did you  
12 come away with some sense of what percentage of his  
13 practice was devoted to prescribing narcotics?

14 A. As I understood, it was some part but a very small  
15 part of the practice which would require controlled  
16 substance management.

17 Q. Okay. And that was at the end of 2015 you had this  
18 dinner; is that right?

19 A. Right, in November of 2015.

20 Q. So as a result of this conversation with Mr. Young,  
21 did you agree to be his supervising physician?

22 A. Right. I agreed, with one caveat: that I have to  
23 check with my attorney. Can I do it?

24 Q. Okay.

25 A. And given the fact that information is at least how

1 we practice or -- so it's cardiovascular medicine.

2 Because in -- I understood at the time that I'm not  
3 family practitioner, and if it's completely do with  
4 family practice, I will stay away from that.

5 Q. Okay. And so did you, at some point, try to  
6 formalize this agreement with a contract?

7 A. Right, I did.

8 Q. How long did it take?

9 I guess, were there any delays in getting this  
10 contract formalized?

11 A. Oh, it took me probably three weeks, four weeks to  
12 get the contract in my hands.

13 Q. Okay. And how about to get Mr. Young's signature  
14 on it? How long did that take? Is that -- is that what  
15 you're saying?

16 A. No. His signature took some delay of some -- I  
17 don't know what the reason was. Until mid January he  
18 didn't sign the contract.

19 Q. Okay. So you were asking him to, and he didn't?

20 A. Right.

21 Q. I see.

22 Okay. So in mid January, he signs the contract.

23 Did -- when was the first time you had a chance to sort  
24 of look under the hood at Preventagenix, to actually see  
25 what he was doing there?

1 A. First time I was in his clinic was in beginning of  
2 February of 2016.

3 Q. Of 2016.

4 And when you got to his clinic, did the reality  
5 match his pitch to you at dinner that it was mostly a  
6 cardiology and family medicine practice?

7 A. No, it did not.

8 Q. Before you went to the clinic to look at his charts  
9 in February, had you heard any rumors or learned anything  
10 kind of through the grapevine about Mr. Young's  
11 prescribing?

12 A. I got a couple of notices that people told me that  
13 somebody sent an e-mail to their office.

14 **MR. DAMAS:** Object to hearsay at this time.

15 **MS. PAYERLE:** And --

16 **THE COURT:** Need to lay a better foundation of  
17 what we're talking about and that -- whether or not  
18 there's any hearsay, we'll be able to rule on that.

19 **MS. PAYERLE:** Will do, Your Honor.

20 **BY MS. PAYERLE:**

21 Q. Actually -- and so before you tell me what you  
22 heard, you said you did hear rumors?

23 A. Right.

24 Q. Did you address those rumors to Mr. Young? Did  
25 you -- did you tell -- ask him about those rumors?

1 A. I did not ask him.

2 Q. You did not ask him. Okay. So I'm sorry. Then  
3 I'll move on.

4 When you -- so you went to his office in February  
5 of 2016. And when you -- I guess describe for us that  
6 visit. When did you go, and who was there?

7 A. It was the beginning of first week of February. I  
8 went to his office. It was after hours, sometime after  
9 5:00, right around there. And the -- he was there. And  
10 there were the charts waiting for me. And I was in his  
11 office reviewing the charts, and he was nearby.

12 Q. And what did you -- sort of, did you have a general  
13 impression of the charts? Was there anything that struck  
14 you immediately?

15 A. It did. There were -- there were the  
16 handwriting -- handwritten charts in the physician part,  
17 the -- the provider part. The -- extremely brief, like  
18 parts of a complaints or history of present illness. It  
19 was -- that's a normal parts of the chart. They were  
20 abbreviated to a couple words. Physical exams were many  
21 times just a cross through the preprinted normal --

22 **THE COURT REPORTER: Cross?**

23 A. Preprinted form, like a template.

24 **BY MS. PAYERLE:**

25 Q. Preprinted, I think.

1 A. Preprinted, yeah

2 Q. Preprinted template --

3 A. Right.

4 Q. -- form?

5 Okay. And it was, you said, crossed through?

6 A. Right, like normal.

7 Q. Okay. So I see. There was a line through?

8 A. Right.

9 Q. Like these are all normal?

10 A. Yes.

11 Q. And did that strike you as strange?

12 A. Yes.

13 Q. And why was that?

14 A. Well, it's not normally how we do the charts.

15 The -- usually these -- certain verbiage has to be put in

16 and the explaining why I decided to do this diagnostic

17 workup or prescribe this certain medication. And it has

18 to flow. It has to coincide that -- for example, I'll

19 take the -- on a simple part, let's say I take an inhaler

20 because I'm wheezing. So I have to describe the wheezing

21 in the heart, wheezing in the lungs. So I give you an

22 inhaler, and you have a history of asthma. That's an

23 example.

24 Q. And that's -- so that's true even for asthma

25 medicine --

1 A. Absolutely.

2 Q. -- or any kind of prescription?

3 A. Yes, indeed.

4 Q. Okay. Did you -- about what percentage of the  
5 patients you looked at that day were, in fact,  
6 prescribed -- had Mr. Young prescribed controlled  
7 substances to?

8 A. Well, the -- most of the charts. Probably a couple  
9 only which were not controlled.

10 Q. And did that surprise you?

11 A. It did.

12 Q. Why was that?

13 A. Because our conversation, when we met, was -- give  
14 me a very different impression. And the -- I felt like  
15 I'm kind of a switch and bait.

16 Q. Bait, switch maybe.

17 A. Bait and switch.

18 Q. Okay. And actually one other question: Did --  
19 when you got there, did he offer you anything?

20 A. He actually offered me a drink, yes.

21 Q. Okay. Did you take it?

22 A. No.

23 Q. All right. About how many charts did you review on  
24 that visit?

25 A. Somewhere around 50, I guess.

1 Q. Okay. Once you got passed your surprise that --  
2 this was around 50, you said?

3 A. Right.

4 Q. Once you got passed your surprise that this was  
5 mostly controlled substances he was prescribing, what was  
6 your impression of sort of reorient yourself to now you  
7 know he's prescribing controlled substances? In that  
8 context, what was your impression of the charts now  
9 knowing they were controlled substances?

10 A. Well, the controlled substances are very regulated,  
11 and there are certain rules to -- needs to be followed.  
12 And -- and I felt it definitely doesn't fit that. And  
13 the -- so when I was reviewing, I asked those questions.

14 Q. And actually before we even get to those questions,  
15 did you question him about why there were so many  
16 controlled substance charts?

17 A. I did.

18 Q. And what did he say?

19 A. The explanation was that this is mandatory to sign  
20 a hundred percent of the controlled substances. And  
21 overall, I have to review 20 percent of total charts. So  
22 this hundred percent of controlled substances would  
23 satisfy the requirement of a 20 percent of a total  
24 charts.

25 Q. Okay. So essentially, if my math is correct, he



1 was -- he was telling you that still less -- sort of 20  
2 percent of his business was controlled substances; is  
3 that right?

4 A. Basically.

5 Q. Okay. And -- and then so you're -- now you're  
6 reviewing what you believe to be about a fifth of his --  
7 his kind of prescribing. And -- and he told you it's a  
8 hundred percent of his charts.

9 So tell the jury, I guess, what surprised you about  
10 the controlled substances' piece of this prescribing.  
11 What -- did anything stand out in those charts?

12 A. The -- first there were brief descriptions of the  
13 patients' complaints in the history of present illness.  
14 Many times were no supporting documentation of the  
15 testing proving that they have some kind of illness which  
16 requiring controlled substances.

17 Q. And if I can stop you and ask you to describe to  
18 the jury, what is -- what do you mean when you say  
19 "history of present illness"? What is that in sort of  
20 medical terms?

21 A. History of present illness essentially describes,  
22 usually chronologically, the -- how illness started, what  
23 symptoms were done, noticed, what kind of workup was  
24 done. For example, had a motor vehicle accident two  
25 years ago, broke my back, was in the hospital, had a

1 surgery. This imaging was done, and I've seen doctor  
2 so-and-so in the past.

3 That's a history of present illness.

4 And I have residual injury. My leg is not working  
5 right or something of this nature, paralysis or whatever.  
6 So that's -- fits history of present illness. Then  
7 the -- so that's supposed to be in the chart.

8 And then along with the what we call social  
9 history: Is the patient a drinker, smoker, using street  
10 drugs; lives in the community, nursing home or whatever  
11 they live.

12 And then review of systems, which is -- puts in  
13 other systems. Let's say patient has also concurrent --  
14 chronic pulmonary disease, chronic obstructive pulmonary  
15 disease. Psychiatric illness or whatever, you mention  
16 it.

17 And then the physical exam, and physical exam has  
18 to address those issues. If I'm -- example, have  
19 weakness in my left leg, it has to write that my left leg  
20 is -- strengths is lower, or it's sensitivity impaired or  
21 something of this nature. Reflexes not present.

22 The -- and then goes your impression and the plan.  
23 And the plan has to describe that I'm planning to do this  
24 and this test, obtain all records, the plan to initiate  
25 that kind of therapy, which could be medications,

1 physical therapy, or whatever you like.

2 And the follow-up and the counseling. That, I  
3 counseled the patient about the dangers of the controlled  
4 substance, for example.

5 Q. And did you -- did you see deficiencies in all of  
6 those areas in the chart? Is that --

7 A. In this part, yes.

8 Q. Okay.

9 A. As well as in other parts.

10 In the controlled substance world, you have to be  
11 testing patients, and I saw inconsistencies in the urine  
12 toxicology screen. There were substances present which  
13 his patient is not prescribed, or they had marijuana,  
14 which is obviously not prescribed medication, but it's  
15 controlled, Class 1. And the -- those things not  
16 supposed to be in the patients who taking controlled  
17 substances.

18 Q. Did -- did you consider the possibility that this  
19 was just like a paperwork error, that maybe he was doing  
20 more than he wrote down in the charts?

21 A. I asked the question, and his explanation was that  
22 it takes a lot of time, so I'm really keeping it brief.  
23 I'm very business. Just the most essential just to get  
24 me moving.

25 Q. Okay. And did you tell him any concerns about, for

1 example, the contradictory toxicology screens or other  
2 issues with your -- with his prescribing? Did you have a  
3 conversation about that with him?

4 A. Yes, and I was explained that he's really not that  
5 strict about marijuana users. He thinks that it's not a  
6 big deal. And the -- about other substances, he said  
7 that I give one-time warning shot, explain that he not  
8 supposed to be; otherwise, I'm going to discharge you  
9 from the clinic. And he will let patients stay in the  
10 practice after that warning. And if they again fail,  
11 then he will discharge them.

12 Q. So that's one of kind of protocol he told you about  
13 to guard against the dangers.

14 Did he tell you he had other protocols to guard  
15 against the dangers of controlled substances for his  
16 patients? Any other practices?

17 A. No. I don't remember those.

18 Q. Did he tell you anything about how often he started  
19 the patients on controlled substances?

20 A. How often?

21 Q. Yeah, like whether he started patients on  
22 controlled substances or whether they came from someplace  
23 else, that kind of thing.

24 A. He mentioned to me that usually, he is not the one  
25 who starts the patients. He -- a lot of patients coming

1 from other practices already been on the controlled  
2 substances, and he would just continue prescribing that.  
3 Those patients being worked up somewhere else or in the  
4 care of some pain management specialist, and they  
5 switching practices, coming to him. And many times,  
6 there were evidence that they come from practice of  
7 doctor so-and-so. Sometimes there was not.

8 Q. Did you ask him, in those cases, why the patients  
9 weren't still seeing the previous doctor?

10 A. I did.

11 Q. And what was the answer?

12 A. The answer was that we're more humane. We caring  
13 about the patient. And many times, they get in a  
14 conflict with another providers, and they need somebody  
15 to manage their pain, whatever painful disorder they  
16 have.

17 Q. What do you mean, the patients get in a conflict  
18 with their previous provider? Conflict over what?

19 A. Well, the conflict could be that they were not  
20 complying with the protocols where the practices had. It  
21 could be noncompliant with the -- abstaining from other  
22 substances.

23 Q. In other words, the -- they had a conflict -- the  
24 patient had a conflict over abstaining from other  
25 substances? Is that what you said?

1 A. Like marijuana, for example, or taking what not  
2 prescribed. If it's prescribed oxycodone and they took  
3 Percocet, so -- and it flags in the urine tox screen,  
4 other practices will fire.

5 Q. Other practices would fire the patient?

6 A. Right.

7 Q. I see.

8 And then they came to Mr. Young?

9 A. Right.

10 Q. Did you notice anything in the charts about sort of  
11 increasing doses or the -- the sort of rate at which he  
12 was -- let's use the word "titrating" or increasing  
13 doses.

14 A. Yeah. He was what we call titrating, increasing  
15 doses of medications. If patient -- based on patient  
16 complaints of, Oh, I have a -- still a lot of pain. So  
17 he would increase the dose or sometimes add another  
18 component to that. For example, if patient on opioid, he  
19 would made -- add some benzo or -- which is also  
20 controlled. And stating that, oh, patient is on anxiety.  
21 There's no evaluation for anxiety, no scale, no  
22 diagnostic workup. Just letting the medication do --  
23 control the symptoms, I guess.

24 Q. And did he give you an explanation for why he was  
25 writing drugs for anxiety or pain without the kind of

1 diagnostic process to diagnose the anxiety?

2 A. He didn't really explain that part, no.

3 Q. Okay. When he was giving -- when Mr. Young was  
4 giving you these explanations about what you were seeing  
5 in his charts, did he come across -- how did he come  
6 across to you?

7 A. He's very friendly, and he understands. And when I  
8 raise those questions, he said, yes, I'm following  
9 protocols, very careful about those. I'm well aware of  
10 those.

11 Q. Did he ever come across as sort of emotionally --  
12 to you when you were -- when he was explaining this  
13 stuff, did he ever come across to you as emotionally  
14 distraught about it?

15 A. No.

16 Q. Did he ever -- ever give the impression that he  
17 didn't really know what the protocols were?

18 A. Not really.

19 Q. Okay. As you walked away from the clinic that  
20 night, what was sort of your feeling in your gut about  
21 it?

22 A. It was not an easy feeling. I felt like -- excuse  
23 my language -- but neck-deep shit. So I cannot move, and  
24 it's what I got myself into.

25 Q. Okay. Did you ever, as his supervising physician,

1 give him instructions about something he should do to  
2 improve his practices at the clinic?

3 A. I talked to him. I said that need to have  
4 protocols. We agreed upon the -- there's a textbook  
5 which is for nurse practitioners, that this protocol  
6 would follow, but that we need to have more detail charts  
7 and enforce those practices so the people to be fired, if  
8 they not following protocol and fail tests, urine tox  
9 screen or the blood tox screen. Also, I urge him to get  
10 the electronic medical records that could get access to  
11 every chart, that -- and we talked about it, its  
12 importance of the compliance of the regulations in the  
13 state.

14 Q. And so how would -- how would electronic medical  
15 records give you easier access to his charts? Just  
16 explain for the jury what -- how that would work.

17 A. First of all, I can do -- you see all the charts,  
18 every patient, the searchable database. You can see who  
19 was scheduled to come, who showed up. Any prescription  
20 you do, entered in the electronic chart. Supposed to be  
21 entered in the electronic chart. The -- also I have a  
22 distance access. I can access distance from anywhere,  
23 from my office, for example, anytime. And electronic  
24 records also offer the templates, which is you have to  
25 fill out in order to prescribe certain substances. They



1 build in there. For example, you give the assessment of  
2 the potential of the addiction. So a template built in,  
3 you just check, check, and move on, but you do the  
4 important part.

5 Q. And would electronic medical records have made it  
6 easier for you to supervise him?

7 A. Absolutely.

8 Q. Did he ever tell you if he was -- like where he was  
9 in the process of getting the EMRs, the electronic  
10 medical records?

11 A. He told me that he was talking to a couple of  
12 vendors and evaluating the software. It comes with  
13 expense; I understand that part, but that he's committed  
14 to bring it in. There's some -- essentially within a  
15 month, I understood.

16 Q. And did he bring it in within a month?

17 A. No, he did not.

18 Q. How about the next month?

19 A. No, he did not.

20 Q. How about the month after that?

21 A. No, he did not.

22 Q. All right. Shortly after you sort of left the  
23 clinic with that feeling you described, did someone from  
24 the medical board of Tennessee come and ask you  
25 questions?

1 A. Yes.

2 Q. Okay. Describe that to the jury.

3 A. There was the inspector, investigator from the  
4 Tennessee Board of Medical Examiners who came -- who  
5 called me, I think, a day before and came to my office to  
6 talk about his practice that -- she told me they part of  
7 her routine in the investigative process, the practices  
8 they employ.

9 **THE COURT REPORTER:** Excuse me? Practicing  
10 what?

11 A. Investigative practices they employ with the  
12 medical board. And they want to talk about his practice,  
13 my supervision role of his practice.

14 **BY MS. PAYERLE:**

15 Q. And did -- did you -- what did you tell them?

16 A. I told them that I am -- I was a supervising  
17 physician and that I was seeing a hundred percent of  
18 charts for the patients who are prescribed controlled  
19 substances. And I told her that I'm seeing his -- coming  
20 to his practice every 30 days, every month.

21 Q. Was that -- was that true?

22 A. It was not true.

23 Q. Why -- why did you lie to the medical board  
24 examiner?

25 A. I was afraid that I didn't do my job, and I

1 understood the seriousness of that. And I thought that  
2 it's going to get me in trouble and can impair my ability  
3 to practice, to suspend my license, not able to make a  
4 living to provide for my family.

5 Q. Looking back, if you could have done things  
6 differently in that moment when the board asked you that  
7 question, would you -- would you have?

8 A. Oh, I regret the decision. I would definitely be  
9 honest and told them because that was a lie. And I think  
10 it was my -- one of the biggest mistakes of my life.

11 Q. During that time in your life, in February of 2016,  
12 was there anything going on in your -- in your personal  
13 life?

14 A. Yes, it was. The -- of course the end of December,  
15 there was a Christmas holiday, so my office was closed,  
16 his closed. And it was my family, and my wife was very  
17 pregnant at the time, so I was definitely occupied with  
18 my family issues and preparing for the new baby to come,  
19 on top of running very busy practice, taking calls and so  
20 forth. And then we had a baby born in end of January,  
21 25th of January and the -- and so on top of two other  
22 toddlers I had in the house. So my family life was  
23 pretty hectic at the time, pretty chaotic.

24 Q. Did you have any marital problems during this time?

25 A. We had some marital problems as well. Yes, there

1 was a lot of tension going on the -- so my head was not  
2 in the right place.

3 Q. Despite these problems in your marriage, have you,  
4 nonetheless, taken responsibility for your role in  
5 letting Mr. Young continue to prescribe controlled  
6 substances essentially without supervision?

7 A. I did, yes.

8 Q. And how have you taken responsibility for your role  
9 in this?

10 A. Well, I didn't pay attention, and I was very lousy  
11 supervising.

12 Q. And have you pled guilty to a crime?

13 A. I did.

14 Q. And has that guilty plea had an impact on your  
15 life?

16 A. Huge impact on my life. It's -- my professional  
17 life is huge impact. I lost my practice, had to close it  
18 and claim bankruptcy. Tremendous financial hardships.  
19 In family life, it puts a lot of hardship and tension,  
20 and the -- affected me professionally.

21 Q. And are you -- are you testifying today as part of  
22 the cooperation agreement connected to that plea?

23 A. Yes, I am.

24 Q. Do you hope to get a benefit at sentencing because  
25 you've taken responsibility and cooperated?

1 A. I do.

2 Q. Okay. So let's get back to your sort of timeline  
3 here.

4 Now you've talked to the medical board. You've  
5 lied. You've -- at this point, you had not yet sort of  
6 been charged with that, but you lied to the medical  
7 board.

8 Did you take any action to sort of deal with the  
9 situation?

10 So the medical board -- you haven't told the  
11 medical board, but did you talk to Mr. Young, for  
12 example?

13 A. I did talk to Mr. Young. The -- the -- I called  
14 him in March when I was -- I became aware of his social  
15 media -- I don't know how to call it -- performance, I  
16 guess, some stupidity and stuff he was saying and  
17 blashing (phonetic) on other providers in the area and  
18 being drunk and doing all the inappropriate statements  
19 or -- and the -- I called him up, and I told -- talked to  
20 him. I said this is inappropriate. As a provider, you  
21 don't do those things. There's certain expectations in  
22 the community. And this is the huge megaphone.  
23 Community is not big. Everybody knows everybody. It  
24 affects you; it affects me. And the -- it doesn't need  
25 to be happening at all. You have to stop.

1 I also asked about the medical records, electronic  
2 medical records at the time and were there -- going with  
3 a practice of my concern about his prescribing a lot of  
4 controlled substances, and I don't feel that I'm suited  
5 for that. And if that direction he wants to take, then  
6 he needs to look with somebody else because it's not my  
7 area of expertise.

8 Q. But did -- you said this was in March. Did you  
9 actually quit in March?

10 A. I did not quit in March.

11 Q. Okay. And how did he respond to your kind of  
12 admonition that he act more professionally on social  
13 media and get electronic medical records? What did he  
14 tell you?

15 A. The answer was that that's his -- part of his  
16 marketing strategy, that he's very liked in the  
17 community. People -- he's extremely busy as a result of  
18 his proper marketing, I guess, scandalous marketing,  
19 that -- he also told me that the -- about other  
20 providers. He will try to keep it down because one of  
21 the providers was practicing in my practice. And then he  
22 mentioned that he wants to expand more into the pain  
23 management, so to speak, and planning to take some kind  
24 of a training and suggested for me to go.

25 Q. What kind of training did he suggest that the two

1 of you go to?

2 A. Well, these are professional meetings which you can  
3 take to get additional education about proper  
4 prescription, proper workup, all the legal obligations  
5 you have when you do this type of work, diagnostic  
6 workups and whatever is necessary to be -- you know, to  
7 practice efficiently.

8 Q. Okay. So he was talking about that in March, you  
9 said?

10 A. Yeah.

11 Q. And you mentioned a prescriber at your office. You  
12 said it was part of his kind of marketing strategy to  
13 attack somebody in your office; is that right?

14 A. Right. A nurse practitioner, Jake -- Japeth Durham  
15 was working in my practice at the time, and the --

16 Q. And that's -- sorry. That's J-A-P-E-T-H?

17 A. Right.

18 Q. Japeth?

19 A. Durham, D-U-R-H-A-M.

20 Q. Thank you.

21 A. And the -- he went off at him because he believed  
22 that he's supporting his archenemy, another nurse  
23 practitioner Michael Briley.

24 Q. Okay. Michael Briley was his archenemy?

25 A. Yes.

1 Q. Okay.

2 A. Apparently.

3 For him and the -- so -- and he blasted with all  
4 the profanities and the stuff, being drunk on the  
5 YouTube.

6 Q. Okay. Did he ever, during this conversation, tell  
7 you that he was acting this way on social media because  
8 he was unhinged as a result of his own marital issues?

9 A. No, he didn't mention it to me.

10 Q. And speaking of which, you mentioned that, I think,  
11 had your own marital issues?

12 A. At that time, my marital issues got worst, and we  
13 actually separated, with my wife and --

14 Q. Did -- do your own marital issues excuse you from  
15 the crime that you committed at that time?

16 A. Not at all.

17 Q. Did you go back after this and still review medical  
18 records at his office at some later time?

19 A. I did one more time. It was the beginning of June.

20 Q. And at the beginning of June -- so your  
21 conversation we just discussed was in March; is that  
22 right?

23 A. Right.

24 Q. By the beginning of June, did he report to you that  
25 he had taken this additional training that he was talking



1 about?

2 A. No, he did not.

3 Q. Did he have a electronic medical record system that  
4 you were talking about?

5 A. No, he did not.

6 Q. Did he show you a whole pile of preventative  
7 cardiology patients at that meeting in June?

8 A. No, he did not. He was not there, actually.

9 Q. Okay. Did you review records?

10 A. I reviewed records.

11 Q. And what kind of records? What kind of drugs was  
12 he prescribing in the records you reviewed?

13 A. There were -- with maybe a couple of exceptions, I  
14 don't remember how many charts. It's all controlled, and  
15 it was opioids, benzodiazepines, anxiety medications,  
16 antidepressants, stuff like that.

17 Q. Why was there a gap between March and June where  
18 you didn't visit the clinic? What was -- what was going  
19 on?

20 A. The -- there was a couple of things going: One of,  
21 of course, the -- I was very busy with my practice. But  
22 on top of it, I had this young family, three children,  
23 problems with my wife, so my head was not in the right  
24 place.

25 On top of it, when I tried to schedule the meetings

1 with him, even though Kristie was very accommodating, but  
2 some other reason -- in other words, I couldn't come  
3 because he had birthday of his child or he had to run out  
4 and -- oh, I was on call, and I was called into the  
5 hospital, and I had to cancel. So I was scheduled,  
6 just -- would -- seems couldn't find the time.

7 Q. And if he had implemented electronic medical  
8 records, would you have need -- would you have needed to  
9 coordinate schedules like that?

10 A. No, I wouldn't.

11 Q. Did you -- I mean, so you went to the clinic. When  
12 did you finally quit?

13 A. Finally, on June 8th, I gave the letter to his  
14 office manager.

15 Q. And was that the day you were there reviewing  
16 records?

17 A. Right.

18 Q. Okay.

19 A. And she asked me specifically give it to her, not  
20 to him directly.

21 Q. Did she tell you why she was saying that?

22 A. She said that he could get unhinged, and she just  
23 doesn't know what the heck he's going to do.

24 Q. Okay. Let's take a look. If we could publish  
25 court exhibit 14 already in evidence. It's our 202 at

1 Page 2.

2 And I'm going to take you back to -- you said  
3 June -- let's go to the next page, Page 3.

4 So June 9th, you said you resigned?

5 A. Right.

6 Q. And these are text messages from that day, June --  
7 did you say June 9th? You said -- I think you said a  
8 different day.

9 A. I thought June 8th, but --

10 Q. You might have said June 8th.

11 Okay. So were you at the clinic on June 8th? Is  
12 that 12 -- 12 seconds? I don't know. Maybe we --

13 A. I was, on June 8th, in the clinic, I believe.

14 Q. Okay. And then you texted her the next morning on  
15 June 9th? Is that what we're seeing? Good morning?

16 A. Yeah. Good morning, this is -- I think Kristie had  
17 text me.

18 Q. Is that the morning after you were looking at  
19 records?

20 A. I believe so.

21 Q. Okay.

22 **MS. PAYERLE:** Yeah. Thank you. Let's make sure  
23 those dates are clear.

24 Okay. So let's blow up the text beginning with  
25 "good morning" on June 9th, next morning.

1                   **MS. SILVERBERG:** Do you want all the way down?

2                   **MS. PAYERLE:** No. Just -- actually, just the  
3 text of the message is fine, so we can get it visible.

4                   Appreciate everybody paying close attention.

5 **BY MS. PAYERLE:**

6 Q. Go ahead. What did you say?

7 A. "Good morning. I'm not telling" --

8 Q. Sorry. What did -- that's Kristie. That's Ms. --

9 A. It's Kris, yeah.

10 Q. Okay.

11 A. So she's saying -- you want me to read it?

12 Q. Yes, please.

13 A. "Good morning. I'm not telling Jeff about your  
14 resigning until this afternoon when the other NP comes  
15 in. Please don't say anything to him this morning about  
16 it."

17 Q. Okay. And because I messed up the dates earlier, I  
18 want to make sure. On June 8th, you handed her the  
19 letter, and on the morning of June 9th, this exchange  
20 took place?

21 A. Yeah. Because I think I talked to her and said I  
22 call him in the morning and tell him about it. And  
23 that's what this concern, I believe, is coming in.

24 Q. I see.

25 **MS. PAYERLE:** Okay. Let's back out of that, and

1 blow up the next two text messages. Those two, yes.

2 Thank you.

3 **BY MS. PAYERLE:**

4 Q. This is you saying: "I was going" -- well, go  
5 ahead and read you.

6 A. "I was going to call him. Why is it a concern?"

7 Q. And Ms. Gutsell says: "He's a loose cannon. I  
8 don't want patients to suffer this morning. At least  
9 when April gets there, she can see the patients."

10 What were you sort of thinking at this point?

11 A. He's crazy.

12 Q. Doctor, at the height of your marital difficulties,  
13 if one of your nurse practitioners quit, would that throw  
14 you so off balance that your patients would suffer?

15 A. It wouldn't throw me off balance. I know it  
16 concerns, but other than that, it's just what you do.

17 Q. But did eventually the word get back to Mr. Young  
18 that you had quit?

19 A. Oh, I believe so.

20 Q. And have you spoken to him since?

21 A. No, I did not speak with him.

22 Q. Okay.

23 **MS. PAYERLE:** Just one moment, please.

24 Pass the witness, Your Honor.

25

1           **THE COURT:** All right. Why don't we take a  
2 break for just a few minutes, and then we'll come back  
3 and deal with the cross.

4           Okay. Remember, leave your notebooks. Don't  
5 discuss the case, and just take a break for 15, 20  
6 minutes, I'll get back to you. I'll go ahead and excuse  
7 you to the jury room.

8           And Doctor, don't discuss your testimony with  
9 anyone over the break. Okay?

10          **THE WITNESS:** Okay.

11          **THE COURT:** All right.

12          **THE WITNESS:** Can I go to the restroom, too?

13          **THE COURT:** Yes. Yes. I can step down.

14               (Jury out at 10:44 a.m.)

15               (The witness complies with the request.)

16          **THE COURT:** Okay. I'm just curious: Who's  
17 going to deal with cross of the doctor?

18          **MR. FERGUSON:** (Raises hand).

19          **THE COURT:** We'll pick that up in about 15, 20  
20 minutes. We'll be in recess.

21               (Recess at 10:44 a.m. until 11:05 a.m.)

22          **THE COURT:** Okay. Anything before we bring the  
23 jury back in?

24          **MR. FERGUSON:** No, Your Honor.

25          **THE COURT:** Okay. Return to the stand, if you

1 would, please.

2 (The witness complies with the request.)

3 **THE COURT:** Bring in the jurors.

4 (Jury in at 11:05 a.m.)

5 **THE COURT:** All right. Folks, we're ready for  
6 our push to lunch time, so I'm going turn it -- oh, I  
7 believe, Mr. Ferguson on cross.

8 **MR. FERGUSON:** Yes, sir.

9 **THE COURT:** You may proceed.

10 **MR. FERGUSON:** Thank you, Your Honor.

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**CROSS-EXAMINATION****BY MR. FERGUSON:**

Q. Good morning, Dr. Alperovich.

A. Good morning.

Q. I just have a few questions for you, not much today. How long have you been practicing medicine?

A. A little less than 30 years.

Q. Little less than 30 years?

A. Yes, sir.

Q. And does that also include your time in Soviet Union?

A. With the Soviet Union, probably more.

Q. Okay. And --

A. 35.

Q. 35?

A. (Nodding head up and down.)

Q. Okay. And how many times have you supervised nurse practitioners?

A. I supervised nurse practitioners in my practice for quite a while.

Q. Have you supervised nurse practitioners that were outside your practice before?

A. I once was sign up to supervise one of the nurse practitioners, but I didn't do any work. I didn't do actual supervision. And Jeff Young was my first I really



1 had to do the direct supervision.

2 Q. Okay. Was there a reason why, on the first one,  
3 you didn't do any supervision? Just you never got --

4 A. No. He used somebody else.

5 Q. Okay. So it's not that you failed to do your job  
6 on that one; it was just that you never actually  
7 undertook the job?

8 A. Right.

9 Q. Okay. So Jeff Young would then be the first nurse  
10 practitioner outside of your practice that you were  
11 responsible for supervising?

12 A. That's true.

13 Q. And you were aware of the policies and procedures  
14 that specifically apply to you when it comes to  
15 supervising nurse practitioners?

16 A. I'm aware.

17 Q. You were aware at the time you were supervising  
18 Jeff Young?

19 A. I was much less aware at that time.

20 Q. You've become painfully aware since that time what  
21 the requirements are?

22 A. That's correct.

23 Q. Painfully aware because at some point you were  
24 indicted, along with Mr. Young, and accused of conspiring  
25 with Mr. Young to distribute opioids within this

1 community?

2 A. Well --

3 Q. Give me a yes or no to that. I'll let you explain

4 it. But you were indicted along with Jeff Young --

5 A. I was indicted.

6 Q. -- for the distribution of narcotics?

7 A. Yes, I was indicted.

8 Q. Would you like to explain that, or is that okay; we

9 leave it at that? Because that's the answer to my  
10 question.

11 You were -- you were charged at one time?

12 A. Yes, I was.

13 Q. And did you ever enter into an agreement, rather

14 verbally or nonverbally, with Mr. Young to distribute

15 opioids into this community?

16 A. As --

17 Q. Illegally distribute.

18 A. Legally --

19 Q. Illegally -- illegally distribute opioids?

20 A. No.

21 Q. Was it ever your intent for you to be part of a

22 conspiracy to illegally distribute narcotics?

23 **MS. PAYERLE:** Your Honor, we'd object to the

24 extent it calls for a legal conclusion.

25 **THE COURT:** Sustained.

1 **BY MR. FERGUSON:**

2 Q. What was your agreement with Jeff Young?

3 A. My agreement was to be a supervising physician for  
4 his independent practice.

5 Q. So that he could legally practice as a nurse  
6 practitioner under the rules of Tennessee?

7 A. That's correct.

8 Q. And under the rules of Tennessee and the rules of  
9 the nurse practitioners in Tennessee, he needed an M.D.,  
10 a medical doctor, to take on that supervising role?

11 A. That's correct.

12 Q. And you entered into a contract to undertake that  
13 responsibility?

14 A. Yes, I did.

15 Q. And because of that, you eventually were indicted,  
16 along with Mr. Young, in a -- I know you've told the jury  
17 you've entered a guilty plea, but that's in a different  
18 case, with a case number, correct?

19 A. I didn't understand the question.

20 Q. I'm concerned you may not, and that's my fault  
21 maybe, so let me -- you entered into an information plea  
22 with the government?

23 A. Yes, I did.

24 Q. And that was to a different charge than conspiracy;  
25 that was to providing false statements in the course of

1 your medical practice?

2 A. Yes, I did.

3 Q. And as part of that agreement, you understand that  
4 you entered into what's called a plea agreement with the  
5 government?

6 A. Yes, I did.

7 Q. And part of that plea agreement was that you would  
8 give testimony. If they requested it, you would come  
9 into court and testify in this matter?

10 A. That's correct.

11 Q. It's your understanding that part of that agreement  
12 is that they want you to testify truthfully?

13 A. That's correct.

14 Q. The person who gets to determine whether or not you  
15 testified truthfully is the government who entered into  
16 that agreement with you?

17 A. I don't understand the question.

18 Q. All right. That's fine.

19 As -- well, it's your understanding that the  
20 indictment alleging you -- alleging that you engaged in  
21 conspiracy will eventually be dismissed?

22 A. That's my understanding.

23 Q. You visited Mr. Young's office how many times?

24 A. Twice.

25 Q. Okay. And so if I understand correctly, you

1 were -- the original agreement for you to supervise  
2 Mr. Young was sometime in December of 2015?

3 A. Right. In November of 2015, we met and discussed  
4 about it. That's when the decision was made.

5 Q. Okay. And then was it -- it wasn't until maybe  
6 February that Mr. Young got the signed contract back to  
7 you?

8 A. Middle of January he signed the contract, of 2016.

9 Q. And so between December 2015 and this June of 2016,  
10 you only visited his office twice to review files?

11 A. That's correct.

12 Q. And you were supposed to be there every 30 days?

13 A. That's correct.

14 Q. Were you aware of the requirement that you needed  
15 to review 100 percent of patient files that contained  
16 narcotic prescriptions?

17 A. I was.

18 Q. And did -- who got you the files? Who prepared the  
19 files for you to review?

20 A. The communications mostly was done with his office  
21 manager.

22 Q. Is that Kristie?

23 A. Kristie.

24 And she would be the one who, I understand, was in  
25 charge of preparing. I don't know who physically was

1 preparing that.

2 Q. Okay. But she was the one you were communicating  
3 with about making those arrangements?

4 A. That's correct.

5 Q. The first time you went to Mr. Young's office, did  
6 you review the files with Mr. Young?

7 A. That's true.

8 Q. And did it take multiple hours to go through the  
9 files?

10 A. Yes.

11 Q. Would that be because you were very methodical In  
12 your evaluation of each of those files? Very thorough in  
13 your review?

14 A. I tried to be as thorough as I could.

15 Q. And did you -- if you had concerns or questions,  
16 did you address those with Mr. Young?

17 A. Yes.

18 Q. If you had concerns, would those concerns possibly  
19 have been about his treatment decisions? For example,  
20 his use of drugs?

21 A. Could be one of the concerns.

22 Q. Okay. And you would address that with him. Would  
23 he give you an explanation of why he made that choice?

24 A. He would.

25 Q. Did it seem to you to be medically reasonable

1 decision making?

2 A. It was reasonable at times.

3 Q. It was reasonable enough that it didn't, at that  
4 point, raise any alarms with you that he was illegally  
5 dispensing drugs. Because you're signing off on these  
6 files, remember?

7 A. Right.

8 Q. And you're not signing off on these files knowing  
9 that he's intentionally distributing drugs because that  
10 would be conspiracy, correct?

11 A. That part is correct, but at the time when I was  
12 reviewing the charts, my concern was, Is it indicated; is  
13 it follow the protocols? I was not weighing the  
14 legalities at the time I was doing that.

15 Q. But you're looking at the medical necessity and  
16 reasonableness of it?

17 A. Right.

18 Q. And you were signing off on these as medically  
19 necessary and reasonable?

20 A. Correct.

21 Q. After a consultation with Mr. Young about why he  
22 was making the decisions he was making?

23 A. That's correct.

24 Q. Would it be fair to say that a physician has a far  
25 superior training in medicine than a nurse and a nurse

1 practitioner?

2 A. It is fair.

3 Q. That the amount of the schooling that you as a  
4 medical doctor go through is much greater than what a  
5 nurse and nurse practitioner would go through?

6 A. That's correct.

7 Q. That the amount of time after receiving your  
8 medical degree, the years in which you have to go through  
9 residency and specialization is unique to the medical  
10 field and to the field of an M.D.?

11 A. Yes, it is.

12 Q. And that's your understanding of why you, as an  
13 M.D., are responsible for overseeing the nurse  
14 practitioners as they provide healthcare to our  
15 communities?

16 A. That's understandable.

17 Q. I'm not sure I heard you correctly. I -- I'm hard  
18 of hearing, and as you've already pointed out, you have a  
19 little bit of an accent.

20 Did you say that you would see pain patients who  
21 had already been prescribed pain medication that were  
22 coming into his office?

23 A. That's what Mr. Young told me, yes.

24 Q. And so that's what's call continuity of care?

25 A. Yes.



1 Q. So that if somebody who was on pain medication  
2 comes into your clinic, you don't want to spiral them off  
3 their pain medications so that they go seeking illegal  
4 drugs?

5 A. That's true.

6 Q. You want to continue the care as they've already  
7 been prescribed so that it protects themselves from  
8 that -- that event?

9 A. You try to continue it, yes.

10 Q. I have one last couple little questions for you.  
11 Looking through the discovery in this case, it  
12 looks like maybe in around May 5th of 2016, you prepared  
13 a letter terminating or attempting to terminate your  
14 preceptor, your oversight of Mr. Young, but then the text  
15 messages from Kristie Gutsell are in June. Do you know  
16 why there's such a delay between when you wrote the  
17 letter and the e-mails with Kristie?

18 A. The -- I had concerns. The -- and a couple of  
19 reasons. One reason was that . . .

20 Q. I'm asking about the delay between you writing it.

21 A. Yeah. I hesitated a little bit because I didn't  
22 know how he was going to react and what his reaction's  
23 going to be.

24 Q. Right.

25 A. That -- seeing what he was doing on the social

1 media, having that big megaphones with the ears of a lot  
2 of people in Jackson, which is small community, and  
3 medical community, even smaller. That could affect my  
4 ability to see patients, and -- and produce very negative  
5 ways to my practice and reduce my ability to make the  
6 living. And that was a major concern. The -- and the --  
7 we attempted to deliver the letter, but -- was sent  
8 certified, but somehow it's -- I never heard back.

9 Q. I guess maybe I missed it.

10 In your direct testimony, your -- you practice in  
11 Jackson?

12 A. Right.

13 Q. And because it was such a small community and  
14 because of the social media -- call a firestorm or the  
15 stuff that was going on on social media, that caused you  
16 concerns that you might get some spillover from that into  
17 your practice?

18 A. I don't think it's spillover. I would be the  
19 target.

20 Q. Okay. And so that's why, in your letter when you  
21 were terminating your preceptorship, you -- well, let me  
22 ask you: Did you write this, or did an attorney wrote  
23 this?

24 A. This attorney wrote this letter.

25 Q. It's got your signature on it or purports to be

1 your signature. Did you -- did you review it and adopt  
2 it and sign it?

3 A. Right. I asked an attorney to prepare the letter,  
4 and then attorney backed out because of a conflict of  
5 interest. But he said, You can use my letter; be fine.

6 **MR. FERGUSON:** May I approach, Your Honor, and  
7 let him --

8 **THE COURT:** Go ahead.

9 **BY MR. FERGUSON:**

10 Q. I just want to ask you, Doctor. Is that the letter  
11 that was prepared? Has your signature down here at the  
12 bottom, and this is -- accurately reflects what you would  
13 have sent to Mr. Young's practice?

14 (A document was passed to the witness.)

15 A. Yes, it is my letter.

16 **MR. FERGUSON:** I'd ask that to be made the -- or  
17 marked the next exhibit, Your Honor.

18 **THE COURT:** I believe that's Number 40. We'll  
19 go ahead and receive it.

20 (The above-mentioned item was marked as  
21 Exhibit No. 40.)

22 **BY MR. FERGUSON:**

23 Q. And because of the concern about becoming the  
24 target -- you see the last paragraph, that there's kind  
25 of a "I promise not to say anything, if you don't promise

1 to say anything about me" kind of statement?

2 A. Right.

3 Q. And that was in concern that -- that he would start  
4 saying things, bad things about you?

5 A. That's correct.

6 Q. All right. You didn't want to be, as the word in  
7 the letter says -- you didn't want to be defamed, libel,  
8 slandered?

9 A. Right.

10 Q. Okay. But you did -- it's dated May 5th. You did  
11 send that certified on or around May 5th?

12 A. Sometime later. I don't remember exactly.

13 Q. And then some -- almost 30 days later, does Kristie  
14 then start talking to you about not wanting to tell Jeff  
15 because he could be a loose cannon?

16 A. Right.

17 Q. But by that -- by this point, 30 days has gone by.  
18 And from what -- from your understanding from what  
19 Kristie's texting you, Jeff doesn't have a clue that  
20 you've terminated your preceptor or have sent the letter  
21 in attempting to terminate your preceptorship?

22 A. That's correct.

23 Q. She knew about it?

24 A. She did.

25 Q. But Jeff didn't know about it?

1 A. That's my understanding.

2 Q. All right.

3 MR. FERGUSON: That's all I have, Your Honor.

4 THE COURT: Thank you.

5 Is there any redirect?

6 MS. PAYERLE: Yes, Your Honor.

7 THE COURT: All right.

8 REDIRECT EXAMINATION

9 BY MS. PAYERLE:

10 Q. Dr. Alperovich, when you began practicing with  
11 Mr. Young, did you make it clear to him that you weren't  
12 a pain medicine practitioner?

13 A. Yes, I made it clear.

14 Q. And when you went to visit him at his clinic and  
15 reviewed his charts, I believe you testified that you  
16 asked him questions about why he was doing what he was  
17 doing; is that right?

18 A. I did ask.

19 Q. And he gave you some explanations?

20 A. That's correct.

21 Q. Did you believe his explanations?

22 A. I believed it at the time.

23 Q. If -- and you testified about what some of those  
24 explanations were. But let me ask you. If you had known  
25 that he, for example, wasn't discharging patients with

1 inappropriate blood tests, even though he said he was  
2 doing that, would you have maybe behaved differently?

3 A. Yes, I would.

4 Q. If you learned that he wasn't counseling patients  
5 about addiction like he said he was, might you have  
6 behaved differently?

7 A. Yes, I would.

8 Q. Mr. Ferguson talked to you about continuity of  
9 care. Are doctors obligated to make their own judgment  
10 about treatment and necessity?

11 A. Yes, absolutely.

12 Q. If Mr. Young had explained to you that he was  
13 increasing opioid prescriptions for people that showed  
14 signs of addiction, would you have maybe done things  
15 differently?

16 A. I would.

17 Q. If Mr. Young had told you that he had no intention  
18 of getting an electronic medical record system, might you  
19 have done things differently?

20 A. Yes, I would.

21 Q. Even though you got a lot of misinformation from  
22 Mr. Young, as you sit here today, how would you grade  
23 your sort of supervision of him?

24 A. In a letters, F.

25 Q. F. You did a poor job?

1 A. Right, poor job.

2 Q. And did the fact that you did such a poor job  
3 supervising him allow Mr. Young to continue prescribing  
4 opioids?

5 A. I'm sorry. Could you repeat again?

6 Q. Sure. Did the fact that you sort of weren't  
7 actively supervising him and your lies to the medical  
8 board, did those allow Mr. Young to continue prescribing  
9 opioids?

10 A. I believe so.

11 Q. And is that why you pled guilty to the crime you  
12 pled guilty to?

13 A. That's exactly why.

14 MS. PAYERLE: Just one moment, please, if you  
15 don't mind.

16 No further questions, Your Honor.

17 THE COURT: Thank you.

18 Recross based on that?

19 MR. FERGUSON: Based on that, just one question,  
20 one small topic.

21 **RECROSS-EXAMINATION**

22 **BY MR. FERGUSON:**

23 Q. Government asked you about individual medical  
24 decision making, does -- did Mr. Young have a duty to  
25 make an independent medical decision of new patients

1 coming in?

2 Would it be fair to say that one of the things that  
3 healthcare providers look at when they're making those  
4 individual decisions of a patient is to see what other  
5 healthcare providers have done in the past for them?

6 A. It's a part of decision making, yes.

7 Q. Yes. Thank you.

8 **MR. FERGUSON:** That's all I have, Judge.

9 **THE COURT:** All right. Thank you.

10 Doctor, thank you very much. You can step down.  
11 You're excused.

12 **THE WITNESS:** Thank you, Your Honor.

13 (Witness excused)

14 **MS. PAYERLE:** Over -- I think around this way.

15 **THE COURT:** Yeah, around this way. There you  
16 go.

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1           **THE COURT:** Ms. Payerle and Mr. Pennebaker, call  
2 your next witness, please.

3           **MR. PENNEBAKER:** The government calls Tricia  
4 Stansell, Your Honor.

5           **THE COURT:** Need you to come around here to the  
6 front, please.

7           (The witness complies with the request.)

8           **THE COURT:** Okay. You're good right there. If  
9 you would, please raise your right hand to receive the  
10 oath.

11           (The witness was duly sworn.)

12           **THE WITNESS:** I do.

13           **THE COURT:** The jacket there, you want to leave  
14 it on the front row. Okay. And be seated right here,  
15 please.

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1                                   **TRICIA STANSELL,**  
2       having been first duly sworn, was examined and testified  
3       as follows:

4                                   **DIRECT EXAMINATION**

5       **BY MR. PENNEBAKER:**

6       Q.       Good morning, Ms. Stansell.  
7       A.       Good morning.  
8       Q.       Would you please state your name for the record.  
9       A.       Tricia Stansell.  
10      Q.       And could you spell your last name?  
11      A.       S-T-A-N-S-E-L-L.  
12      Q.       Do you know the defendant Jeff Young over here?  
13      A.       I do.  
14      Q.       How do you know him?  
15      A.       He was my medical provider.  
16      Q.       What season of your life were you in when you were  
17      Jeff Young's patient?  
18      A.       An addicted season.  
19      Q.       Did his treatment help you get well, or did it keep  
20      you sick?  
21      A.       No. I stayed sick.  
22      Q.       Around when do you think you started to see  
23      Mr. Young?  
24      A.       Sometime around 2015.  
25      Q.       Okay. How did you find out about him? How did you

1 learn about him?

2 A. My daughter worked for him.

3 Q. Okay. And what's your daughter's name?

4 A. Tessa James.

5 Q. Did you have a lot of issues when you first went to  
6 see Mr. Young?

7 A. I did.

8 Q. Did you want help with those issues?

9 A. I did.

10 Q. Did you get help with those issues?

11 A. I did not.

12 Q. What did you get instead?

13 A. Masking with prescriptions.

14 Q. Okay. Had you seen other medical providers before  
15 the defendant?

16 A. I have.

17 Q. About how many doctors do you think you saw in the  
18 calendar year before you came into Mr. Young's clinic?

19 A. A lot. I have no idea.

20 Q. Would 10 sound like a reasonable estimate?

21 A. Sure. Yes.

22 Q. And those would be 10 providers that you got  
23 prescriptions for controlled drugs from?

24 A. Yes.

25 Q. Did any of them cut you off from the medication

1 that they -- that you were getting from them?

2 A. I have been cut off in the past, yes.

3 Q. And will you tell the jury just a little bit about  
4 what you mean when you say you've been cut off?

5 A. I was getting prescriptions on the side and other  
6 things than what were prescribed to me, so I would fail  
7 drug tests. Or I would get from multiple providers, and  
8 they would cut me off because it would show up that I'd  
9 gotten from other providers.

10 Q. Why were you going to multiple providers?

11 A. To the root, to get more pills just to make it  
12 through another day.

13 Q. But did you tell Mr. Young that you had been fired  
14 by other doctors or providers?

15 A. No.

16 Q. Did he ask?

17 A. No.

18 Q. How are you doing today?

19 A. I'm doing awesome.

20 Q. What controlled drugs are you taking?

21 A. Zero. I don't take any prescription medicines.

22 Q. Okay.

23 A. I went to a holistic approach to life.

24 Q. Is that sort of like a -- describe that holistic  
25 approach to life.

1 A. You want my testimony, my story? Is that what  
2 you're asking?

3 Q. Only because we're in court and I -- I'm not  
4 supposed to ask you questions that call for a narrative  
5 answer, I'm going to say no, and let me ask a better  
6 question. Is that all right?

7 A. Okay.

8 Q. Because I do, but we're in this formal setting.

9 A. Right. Right.

10 Q. Let me actually just move on, and I want to come  
11 back to that in a minute.

12 A. Okay.

13 Q. What drugs did the defendant prescribe you while  
14 you were seeing him?

15 A. Oxycodone, fentanyl patch, thyroid medicine,  
16 Cymbalta when my mother passed away. Lyrica. Those are  
17 the ones I primarily remember.

18 Q. Okay. Over time -- first, let me ask you this:  
19 When you first went in to see him, did you get a  
20 prescription for a powerful opioid right away?

21 A. I'm not sure if I did on the very first visit, but  
22 that's quite possible, yes, on that very first one.

23 Q. It's been --

24 A. If not, it was the second one.

25 Q. It's been a long time, right?

1 A. Yes, sir, it has.

2 Q. Do you remember Mr. Young talking to you about  
3 alternative means of treating the ailments that you came  
4 in with?

5 A. No.

6 Q. Was it pretty much pain medication right away?

7 A. That would be a fair statement, yes.

8 Q. Over time, did Mr. Young increase or keep steady or  
9 decrease the amount of opioids that you were taking?

10 A. No. It was an increase.

11 Q. Okay. Did you know, by this time that you went to  
12 see Mr. Young, what you needed to say to get -- to be  
13 more likely to get a prescription for opioid medication?

14 A. Yes.

15 Q. Compared to the 10 doctors who prescribed to you in  
16 the year before Mr. Young, was it easier or harder to get  
17 the drugs you wanted from the defendant?

18 A. I would say that it was easier.

19 Q. Why would you say that?

20 A. Just because there wasn't a lot of communication.  
21 Other doctors would pry and ask a lot more and send on a  
22 lot more testing --

23 Q. Okay.

24 A. -- than what I did.

25 Q. Did you ever get any testing from the defendant?

1 A. I might have went with him for -- I had some blood  
2 work done. I don't know if that was just my thyroid or  
3 not, being that long ago. I think I might have went for  
4 an MRI, one; maybe not. Everything back then is like  
5 looking through fog.

6 Q. Okay.

7 A. Just I was high all the time.

8 Q. Did anybody in your life notice that you were high  
9 all the time?

10 A. Sure.

11 Q. Can you tell the jury a little bit about that?

12 A. I almost lost my marriage because of it. It was --  
13 I needed to choose what I wanted. My daughter was  
14 beginning to say that things were going to have to change  
15 or I wasn't going to get to watch my grandchildren. My  
16 young boys, they were young at the time, teenagers, they  
17 were noticing it and were on me because I had mama's  
18 boys, so it was highly noticeable, I imagine. To me it  
19 wasn't noticeable. Seem like it was to everybody else,  
20 though.

21 Q. Right, including your teenage boys?

22 A. Right.

23 Q. Would you nod off in inappropriate places and  
24 things like that, like kind of slump or --

25 A. That's a possibility. I don't know. I knew I did

1 at home.

2 Q. Right.

3 A. Like everybody else would be watching or carry on,  
4 and once I sat and got relaxed, I was out.

5 Q. Right.

6 How did fentanyl come into the mix?

7 A. I just was still struggling with some pain that  
8 just continue get to the root of what was causing it.  
9 And he said he could not go up any more on the oxycodone  
10 I was taking, but he could prescribe something to go  
11 along with it.

12 So in the beginning, a patch until I went to the  
13 pharmacy. I wasn't really aware that the patch --  
14 because I've had patches in the past that were like  
15 anti-inflammatories and stuff. So I really wasn't aware  
16 that it was another control thing. But when I got it, I  
17 took it. I put it on.

18 Q. Sure.

19 Wait a minute. So are you saying that when the  
20 defendant prescribed you fentanyl, he didn't tell you  
21 what it was or what the side effects might be?

22 A. No. I wasn't aware of what fentanyl was. No.

23 Q. He didn't tell you that it was a super powerful  
24 opioid, that it was addictive? He didn't tell you how to  
25 use it?



1 A. No.

2 Q. Did he tell you where to put it on your body?

3 A. Not that I recall.

4 Q. He just said, I'm adding this?

5 A. He just said, I can add something, but I can't give  
6 you any more oxycodone.

7 Q. When the doctors said -- at that time in your life,  
8 when a doctor or a medical provider said I can add  
9 something that was a pill or a patch or whatever, did you  
10 ever say no or can we try something else?

11 A. No, I didn't.

12 Q. Was that part of the reason that you stayed with  
13 Jeff, is that that was the kind of relationship that  
14 y'all had?

15 A. Sure. That's fair to say.

16 Q. How did Mr. Young handle urine drug screens  
17 compared to other providers?

18 A. I took them, but I never -- I should have failed  
19 some, I would assume, because I knew I was getting stuff  
20 on the side that was different, but it was never brought  
21 up. I was never dismissed.

22 Q. Let me ask you this: Does your -- do you remember  
23 Mr. Young ever discussing the results of any test or  
24 treatment or anything like that with you?

25 A. No, I don't ever recall one.

1 Q. In your mind, did Mr. Young ever do anything to try  
2 to find out what was really going on with you?

3 A. No. I mean, I just trusted what he was  
4 prescribing. I just wanted to make it another day.

5 Q. How have opioids impacted your life generally?

6 A. How did they, or how have they?

7 Q. Yes, ma'am.

8 A. Well, it was like a living hell.

9 Q. Can you explain what you mean by that?

10 A. It was like a tornado cycle. Like it just never  
11 stopped. If you didn't have them, you were sick, but you  
12 were still hurting, and you still needed to make it  
13 through another day. You still had family to take care  
14 of. You still wanted to be the housewife and the mom.  
15 You still wanted that good life. But if you didn't have  
16 them to keep going, then you were violently sick.

17 Q. And when you say "violently sick," are you talking  
18 about being in withdrawal?

19 A. Yes.

20 Q. And can you tell the jury what that was like for  
21 you to experience?

22 A. The withdrawal process happened in 2018. I had  
23 done buried my mom, and I had -- was taking care of a  
24 sick mother-in-law and a sick father-in-law, and I had  
25 determined that this was not going to be the life of my

1 children. And so I went to my bedroom, and I closed the  
2 door with a Holy Bible and with TBN, which is Christian  
3 television. I stayed in there for four days without  
4 coming out. It was -- meaning violently sick, the  
5 shakes, throwing up consistently, constant diarrhea,  
6 scared to turn the light off, that I was going to die, so  
7 Christian TV stayed on.

8 I remember a breakthrough moment being Louie  
9 Giglio. He was doing a series that week on "Goliath Must  
10 Fall," so I studied the scriptures. I held on, and I  
11 believe in every bit of what I was hearing until Day 5  
12 when I decided I was going to come out weak, tired, and  
13 slowly start eating just fruit and do it naturally way  
14 and trusted everything that I heard while I was laying in  
15 that dark room.

16 Q. So you basically pulled yourself back from the  
17 abyss --

18 A. I did.

19 Q. -- without the help of --

20 A. I did.

21 Q. -- Mr. Young, of course, because by that time, what  
22 had happened with you going to see him? By 2018.

23 A. Oh, he -- his clinic was shut down by then.

24 Q. What did you do after that?

25 A. Well, in between that and when I made the choice

1 for myself, I would get them from people I knew.

2 Q. Would any -- so you didn't know where to go to get  
3 them from another medical provider?

4 A. No. I went -- I was trying to remember this. I  
5 believe I had went to one other provider, and that just  
6 was the same old thing. I even -- I asked about Suboxone  
7 then because I seen the little pamphlet in there, but my  
8 insurance didn't cover it. And that's when I knew I had  
9 to choose something for myself.

10 Q. Okay. How did your husband and your kids feel  
11 about you going to see the defendant?

12 A. They wanted me to get away.

13 MR. PENNEBAKER: Pass the witness. Thank you.

14 THE COURT: Thank you.

15 And Mr. Ferguson, anything?

16 CROSS-EXAMINATION

17 BY MR. FERGUSON:

18 Q. Good morning.

19 A. Good morning.

20 Q. You, at some point, began seeing Jeff Young because  
21 your daughter worked at his clinic?

22 A. Yeah, she worked upstairs.

23 Q. Okay. So you were referred to Mr. Young by your  
24 family member?

25 A. Correct.

1 Q. And by this point, you had already seen at least 10  
2 other healthcare providers?

3 A. Yes.

4 Q. And was -- fair to say, each one of those  
5 healthcare providers continued you on pain medications?

6 A. Not everyone, but most, yes.

7 Q. Well, if they would stop, then you would move to  
8 the next one?

9 A. That's correct.

10 Q. Okay. And -- and all of these doctors -- at some  
11 point, at least one of them told you that the -- of the  
12 risks of your prescriptions?

13 A. Yes.

14 Q. So you were --

15 A. Not the oxycodone.

16 Q. So you were aware of the dangers or the risks or  
17 whatever the term might be of the drugs that you were  
18 taking?

19 A. That's correct. The oxycodone and hydrocodone, I  
20 was.

21 Q. And each time that you would move from one doctor  
22 to the next, they would continue a kind of -- we say a  
23 continuity of your care and continue you on the same  
24 medications?

25 A. That's correct.

1 Q. And when you -- when you transferred over to  
2 Mr. Young, he continued you on the same medications at  
3 the beginning?

4 A. That's correct.

5 Q. All right. And how long were you a patient of  
6 Mr. Young's?

7 A. I would estimate a year maybe.

8 Q. Okay. So you may have seen him maybe 10, 12 times?

9 A. That, or maybe a little more.

10 Q. Okay. And you presented to him with a complaint of  
11 chronic pain from -- is it hip and knee problems?

12 A. That's correct.

13 Q. And, in fact, you had had knee surgery in the past?

14 A. Yes, that's correct.

15 Q. And that's what began your taking of these  
16 painkillers?

17 A. Yes.

18 Q. The pain of the surgery from your knee?

19 A. Yes.

20 Q. You took urine screens while you were a patient of  
21 Dr. Young? Excuse me. Of Mr. Young's?

22 A. Yes.

23 Q. And you never failed or told that you had failed  
24 any of those drug screens?

25 A. No, I was never told.

1 Q. Okay. And as far as you know what you've been  
2 told, you didn't fail one of those drug screens?

3 A. I -- that's correct.

4 Q. Were you smoking marijuana?

5 A. I did. Well, no, I was not smoking marijuana. I  
6 did go to Seattle and --

7 Q. Where was it was legal?

8 A. Where it was legal. And yes, I did. Yes, I did in  
9 Seattle.

10 Q. Were you taking other drugs outside of the  
11 prescriptions during this time?

12 A. Yes.

13 Q. Okay. What kind of drugs?

14 A. The -- just more pain medicine.

15 Q. The same that you were prescribed?

16 A. Right.

17 Q. Just more of it?

18 A. Right.

19 Q. Okay. Do you remember that Mr. -- yeah, Mr. Young  
20 did order a CAT scan for you?

21 A. That -- that could be. I said MRI. It might have  
22 been a CAT scan.

23 Q. Okay. Do you remember back in -- well, let me ask  
24 you this: Do you remember back in 2019, almost -- was  
25 that four years ago, five years, four years ago?

1 Do you remember being interviewed by a taskforce  
2 officer, Mark Gray, and Attorney Pennebaker?

3 A. I do.

4 Q. Okay. And if you had told them back then he did  
5 order and you obtained a CAT scan, that would have been a  
6 true statement?

7 A. Yes.

8 Q. Your memory was better four years ago than it is  
9 today?

10 A. Is it better four years ago?

11 Q. Is your memory -- you're having -- seems like  
12 you -- whether it's an MRI or a CAT scan, if you told  
13 them four years ago it was a CAT scan, you were ordered  
14 it and you went and took it, that would have been a  
15 truthful statement, correct?

16 A. If I told them, sure.

17 **THE COURT:** Hold on just a minute.

18 Yes?

19 **MR. PENNEBAKER:** Your Honor, I'm going to object  
20 because this is -- he's not impeaching her. She agreed  
21 that she had a CAT scan.

22 **THE COURT:** I think there's a little confusion.  
23 I'm going to overrule the objection.

24 **MR. FERGUSON:** And I don't --

25 **BY MR. FERGUSON:**



1 Q. It's just the confusion. I just want to make sure  
2 of what you told Mr. Pennebaker four years ago.

3 You would -- you would have told him the truth?

4 A. I would have told him the truth, yes.

5 Q. And if you told him again if it was a CAT scan,  
6 you -- you were prescribed it, you went and took it, that  
7 was a truthful statement?

8 A. Correct.

9 Q. Okay. I'm not trying to trick you. You're giving  
10 me that look. I'm not --

11 A. No. I'm -- I understand.

12 Q. Okay.

13 A. It's just that remembering that far ago and  
14 today -- it's much easier to remember today.  
15 Everything -- the drugs were still slowly getting out of  
16 my system.

17 Q. That's what I assumed.

18 A. So --

19 Q. I didn't think you were lying to Mr. Pennebaker. I  
20 just thought maybe memory kind of change over time, or  
21 who really remembers the difference between a CAT scan  
22 and an MRI? But you're -- that's fine.

23 After Mr. Young's office was raided, did pretty  
24 much the Jackson community know about that raid?

25 A. I would say sure, because it was on the news.

1 Q. All over the news all day, every day, right?

2 A. Right.

3 Q. And because of that, then you went to go seek  
4 additional care from other physicians or other healthcare  
5 providers?

6 A. No. After him, there was just one that I ever went  
7 to see.

8 Q. Okay. So just one. You went to that person, and  
9 they would not continue prescribing you the drugs that  
10 you had been receiving all these 10 -- seven, eight, nine  
11 years?

12 A. No.

13 Q. He just -- he said he wouldn't do it?

14 A. No.

15 Q. Are you saying -- I'm asking a bad question, then,  
16 because I don't know what your --

17 A. Right, because I don't --

18 Q. Did --

19 A. I miss --

20 Q. You went to go see -- you went and tried to find  
21 another provider. Yes?

22 A. Correct.

23 Q. When you did find another provider -- yes?

24 A. Yes.

25 Q. And that provider wrote you prescriptions?

1 A. They wrote some, but at that time, we're talking --  
2 what year are you talking? 2018 or 2019?

3 Q. Well, it would've been right after --

4 A. Or twenty -- see, 2016, 2017, I wasn't -- I  
5 wouldn't know. I can give you a definitive answer, from  
6 2018 on, about anything once I got off.

7 I do remember seeing a couple of other providers  
8 because I was still, at that time, on thyroid medicine.  
9 I don't even take thyroid medicine anymore. I have not  
10 been to a doctor since 2018.

11 Q. Well, let me ask you. Do you remember -- when you  
12 were talking to Mr. Pennebaker back four years ago -- to  
13 questions that you quit seeing Young when the clinic was  
14 raided? You started seeing another medical provider, and  
15 the other medical provider discontinued your pain  
16 medications, so you began to self-medicate with whatever  
17 pain meds you could obtain outside a medical provider?

18 **MR. PENNEBAKER:** Your Honor, he's reading off of  
19 a memorandum of an interview, it seems, and this is -- I  
20 didn't even hear a question, I don't think, but that is  
21 improper.

22 **THE COURT:** Overruled.

23 **MR. FERGUSON:** Thank you, Your Honor.

24 **BY MR. FERGUSON:**

25 Q. You remember answering that to the question of what

1 happened after you left Jeff Young's office?

2 A. Do I remember it?

3 Q. Yes.

4 A. Four years ago? Not like that. I don't remember.

5 Q. Was it truthful statement that you gave

6 Mr. Pennebaker back then?

7 A. I'm sure it would have been. I didn't want to get  
8 in trouble for telling a lie back then, so I would have  
9 to say sure.

10 Q. Right. So what it appears happened is you went,  
11 tried to find another healthcare providers. They cut you  
12 off cold turkey, and you went seeking drugs illegally; is  
13 that a fair statement?

14 A. Sure.

15 Q. And because of -- because of that, did your  
16 addiction just spiral out of control?

17 A. No.

18 Q. You got better going out looking for illegal drugs?

19 A. Actually, yes, because I had done made up the  
20 determination that I was going to lose my family if I did  
21 not set and just do just enough to get by till making the  
22 choice. Actually I did. I got better because I used  
23 less. I did not have the money to be buying the  
24 resources and then spiral out of control then.

25 Q. So you're not one of the ones who went out and

1 started taking, like, heroin and fentanyl?

2 A. No.

3 Q. Okay.

4 A. No, I have never had -- no.

5 Q. Okay.

6 A. Never.

7 Q. All right. So you just stuck to what you'd been --  
8 you were trying to find what you had already been  
9 prescribed?

10 A. Right.

11 Q. You didn't -- you didn't ramp it up to hard --

12 A. No, I did not.

13 Q. Okay. Good.

14 All right. You're doing better today?

15 A. I'm doing amazing today.

16 Q. You look like it.

17 A. Thank you.

18 Q. I appreciate it. I appreciate your time here.

19 Thank you for answering my questions.

20 A. Yes, sir. Thank you.

21 **THE COURT:** Thank you.

22 Any redirect?

23 **MR. PENNEBAKER:** No, Your Honor.

24 **THE COURT:** Okay. Ms. Stansell, is that right?

25 **THE WITNESS:** Yes, sir.

1                   **THE COURT:** Thank you very much for your  
2 testimony. You can step down. You're excused.

3                   **THE WITNESS:** Thank you.

4                   (Witness excused)

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1           **THE COURT:** Government, if you would please --  
2 we're getting close to the lunch hour, but go ahead and  
3 call your next witness, and we'll get started.

4           **MS. PAYERLE:** Your Honor, the government would  
5 call Natalie Seabolt.

6           **THE COURT:** All right. Step right up to the  
7 front, please.

8           (The witness complies with the request.)

9           **THE COURT:** Okay. You're good right there.  
10 Need to place you under oath, so if you would, please  
11 raise your right hand.

12           (The witness was duly sworn.)

13           **THE WITNESS:** I do.

14           **THE COURT:** Be seated here, please.  
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1                                   **NATALIE SEABOLT,**  
2       having been first duly sworn, was examined and testified  
3       as follows:

4                                   **DIRECT EXAMINATION**

5       **BY MS. PAYERLE:**

6       Q.       Okay. Good morning still for a few more minutes.

7       A.       Good morning.

8       Q.       Would you please introduce yourself to the jury?

9       A.       Sure. My name is Natalie Seabolt. I am a nursing  
10      professor at University of Tennessee Health Science  
11      Center here in Memphis. And I'm also a nurse  
12      practitioner at Le Bonheur Children's here in Memphis.

13      Q.       And can you tell the jury what a degrees you have?

14      A.       Yeah.

15                   **THE COURT:** Before you do that, can you spell  
16      your last name, please?

17                   **THE WITNESS:** Yes, sir. It's S-E-A-B-O-L-T.

18                   **THE COURT:** Thank you. Go ahead.

19      A.       So my educational background, I have a Bachelor's  
20      of Science in human environmental sciences from the  
21      University of Arkansas in Fayetteville in 2005. I'm  
22      sorry. In 19 -- I'm sorry, in 2003. I have a Master's  
23      of Science in nursing from Vanderbilt University College  
24      of Nursing in Nashville, Tennessee; that was in 2007.  
25      And I have a Doctor of Nursing Practice from the



1 University of Tennessee Health Science Center, and that  
2 was in 2018.

3 **BY MS. PAYERLE:**

4 Q. And aside from practicing as a nurse practitioner  
5 at Le Bonheur and a professor at -- where are you  
6 professor?

7 A. University of Tennessee Health Science Center here  
8 in Memphis.

9 Q. Okay. Do you also do some consulting work for the  
10 government?

11 A. Yes, ma'am.

12 Q. And are -- have we paid you to consult in this  
13 case?

14 A. Yes, you have.

15 Q. All right. Now, before your current job -- sorry.  
16 Let me ask. How long have you worked as a nurse  
17 practitioner?

18 A. I've actually been a nurse practitioner -- well, I  
19 graduated as a nurse practitioner 16 years ago.

20 Q. All right. And you're currently practicing  
21 actually as a nurse practitioner?

22 A. Yes.

23 Q. And you're teaching?

24 A. Yes.

25 Q. What do you teach?

1 A. I actually teach at the doctorate and master's  
2 level for pediatric nursing.

3 Q. And before you had your current job, did you have a  
4 different job that actually allowed you or involved you  
5 in investigating Jeffrey Young?

6 A. Yes. So I was a forensic nurse investigator for  
7 the Tennessee Bureau of Investigation for six years.

8 Q. And as a forensic nurse investigator for the  
9 Tennessee Bureau of Investigation, what did you do?

10 A. I analyzed medical charts and other data.

11 Q. And when you were analyzing medical charts and data  
12 for the TBI, was one of the cases you kind of analyzed  
13 that information for, was it the case of Jeffrey Young  
14 and Preventagenix?

15 A. Yes, it was.

16 Q. And then after you left TBI, did you kind of  
17 continue to work in a consulting basis on the case?

18 A. Yes, I did.

19 Q. All right. And are you here to testify about your  
20 analysis of that data that you did in connection with  
21 this case?

22 A. Yes, ma'am.

23 Q. Let's talk a little bit about the kinds of data  
24 that you analyzed. So when you say "data," what -- what  
25 are you talking about?

1 A. So the Tennessee Bureau of Investigation unit that  
2 I worked in was Medicaid Fraud Control Unit, and so I  
3 analyzed data that was produced regarding Jeffrey Young  
4 or another provider that was generated when a patient  
5 used their Medicaid insurance for a healthcare service  
6 such as an office visit or a prescription or a diagnostic  
7 test.

8 Q. So if a patient goes into, say, a nurse  
9 practitioner's office and that patient has Medicaid, what  
10 kind of data might be collected kind of as a result of  
11 that office visit?

12 First of all, who would -- who would generate that  
13 data?

14 A. So the data is generated when the provider -- when  
15 the provider bills for his services, regardless of  
16 whether that's a pharmacist or a nurse practitioner or a  
17 physician or any other kind of therapist. And so that  
18 data is actually generated and goes into the Medicaid  
19 system.

20 Q. So if a nurse practitioner bills Medicaid,  
21 Tennessee Medicaid, for an office visit, what information  
22 is recorded that becomes a part of that data?

23 A. Besides the fact that it's all the patient data of  
24 the person who that claim was filed on behalf of, it also  
25 would include diagnosis data; it would also include the

1 level of service of the office visit; and it can also  
2 include other things such as diagnostic testing.

3 Q. And -- and tell us, just briefly, what -- just so  
4 we know, what is Medicaid?

5 A. So Medicaid is a federal health insurance program.  
6 And in the state of Tennessee, Medicaid is paid for by --  
7 it's 72 percent federal funding from taxes, and it's 28  
8 percent Tennessee state tax money.

9 Q. So if a provider bills Medicaid and Medicaid pays  
10 them, that's where the money comes from to pay?

11 A. Yes, ma'am.

12 Q. And did Jeff Young, through Preventagenix, bill  
13 Medicaid for patient visits?

14 A. Yes.

15 Q. Okay. In addition -- well, let's talk actually --  
16 we'll talk more about that data in a minute.

17 Did you -- separately from the Medicaid billing  
18 data for Medicaid patients specifically, did you also  
19 have access to data that focused on any controlled  
20 substance that Jeffrey Young provided?

21 A. Yes. So I was -- yes. So as part of my job, I  
22 also did an assessment of CSMD reports, which is reports  
23 that are generated from the Controlled Substance  
24 Monitoring Database. And what that is, is that is a  
25 state-based database, digital database, that information

1 is generated when a pharmacist or pharmacy staff fill a  
2 prescription.

3 Q. And that's regardless of whether the patient has  
4 Medicaid or some other insurance?

5 A. Correct.

6 Q. Okay. And that's, you said, called CSMD data?

7 A. Yes.

8 Q. Is it also sometimes called PMP data?

9 A. Yes.

10 Q. Okay. Those two phrases are used in -- we've heard  
11 them both throughout the trial so --

12 A. Yes.

13 Q. Okay. And who -- let's start with this controlled  
14 substances database. That's just -- only controlled  
15 substances' prescriptions are entered into that database;  
16 is that right?

17 A. Correct

18 Q. So like blood pressure medication, heart  
19 medication, things like birth control, would those --  
20 even though they're required to be a prescription, would  
21 those be entered into the controlled substances database?

22 A. No. The Controlled Substance Monitoring Database  
23 is a database that was created. The controlled substance  
24 database only records controlled substances that are  
25 identified by the DEA as needing to be monitored for

1 their manufacturing, distribution, and their possession.

2 Q. And who actually enters -- how does that data about  
3 who's getting controlled substances and who prescribe  
4 them, how is that actually entered into the database?

5 A. It's entered by the pharmacy staff, whether it's  
6 the pharmacist or a pharmacy tech that actually dispenses  
7 the medication.

8 Q. So patient walks in, medication dispensed, pharmacy  
9 enters the information in the database?

10 A. Yes.

11 Q. All right. You said it only covers controlled  
12 substances when a pharmacy or -- dispenses a controlled  
13 substance.

14 First of all -- oh, and sorry, one more question.

15 When the pharmacy enters that information about the  
16 controlled substance, do they also enter the identity of  
17 the -- of the person who wrote the prescription?

18 A. Yes. It's -- it is actually digitally tied to who  
19 the prescriber was.

20 Q. Okay. So you would be able to see the drugs  
21 prescribed by a particular physician or nurse  
22 practitioner by looking in that database?

23 A. Correct.

24 Q. Got it.

25 All right. So you said it covers controlled

1 substances. Would you tell the jury what is a controlled  
2 substance?

3 A. So a controlled substance is a medication or drug  
4 that has been deemed as needing to be monitored for the  
5 manufacturing, distribution, and possession of. And it's  
6 typically -- it's typically medications that are highly  
7 addictive or have a high -- high potential for abuse.

8 Q. Are there schedules, different kind of categories  
9 of controlled substances?

10 A. Yes.

11 Q. And --

12 A. So --

13 Q. -- numbered?

14 A. Yes. So the scheduling of medications -- all  
15 medications are scheduled. But the scheduling of  
16 medications -- they're divided into numerical groups, and  
17 those numerical groups, I through V, are based on the  
18 potential for them to be addictive, the potential for  
19 them to cause physical dependence, and also really to  
20 their accepted medical use.

21 Q. What is a -- give us some -- or give an example of  
22 a Schedule I control drug.

23 A. So Schedule I -- Schedule I drugs are chemical  
24 substances, are considered to be -- have the highest  
25 potential for the abuse and to be the -- have the highest

1 potential for being physically -- causing physical  
2 dependency and don't usually have a ton of -- or a lot of  
3 accepted medical use, and so one example would be heroin.

4 Q. Okay. And a Schedule II drug, are those -- is  
5 that -- do some schedule -- so you said Schedule I drugs  
6 do -- they have any medical use?

7 A. They are used sometimes for research purposes.

8 Q. Okay. But aside from research purposes, are  
9 Schedule I drugs generally not used for medicine?

10 A. Not very often, no.

11 Q. Okay. So are Schedule II drugs the sort of highest  
12 level of drugs that are sometimes used for medicine?

13 A. Correct.

14 Q. All right. What is a Schedule II drug?

15 A. So a Schedule II will have a little bit less risk  
16 of the -- a little bit less risk of dependency and a  
17 little bit less risk of abuse, and they -- but they have  
18 a higher accepted medical use.

19 Q. All right. And what are some many examples of  
20 Schedule II drugs?

21 A. Most of -- most of the narcotics such as  
22 hydrocodone and Lortab are in that group.

23 Q. All right. Now, I want to get into some of this  
24 data.

25 Now, did you review the CSMD data with respect to



1 the prescribing practices of Mr. Young?

2 A. I did.

3 Q. And did you summarize -- is that data -- there's a  
4 lot of information in that data?

5 A. Yes, ma'am.

6 Q. Did you summarize that data into some summary  
7 charts or exhibits that we can talk about today?

8 A. Yes, because I was asked to.

9 Q. Okay. And at this time, I'm going to show you a  
10 one-page document that we've marked 311.

11 (A document was passed to the witness.)

12 **BY MS. PAYERLE:**

13 Q. Is this one of those summaries of the CSMD data?

14 A. It is.

15 **MS. PAYERLE:** Move to admit.

16 **THE COURT:** We'll go ahead and receive the  
17 summary. That will be Exhibit 41. Just one page.

18 (The above-mentioned item was marked as  
19 Exhibit No. 41.)

20 **MS. PAYERLE:** And if we could, please publish 41  
21 to the jury.

22 **BY MS. PAYERLE:**

23 Q. All right. What are we looking at in Exhibit 41?

24 A. So for this report, what I did is I actually took  
25 the three -- the three categories of opioids,

1 benzodiazepines, and muscle relaxers, and I did a summary  
2 of any of those medications that had 50 prescriptions or  
3 more that were listed in the CSMD as being prescribed by  
4 Jeff Young between January of 2015 and June 14th of 2016.

5 Q. Okay. So I realize Mr. Young's name isn't actually  
6 on this piece of paper, but this does relate only to the  
7 prescriptions that were written by Jeffrey Young; is that  
8 right?

9 A. Yes. Yes.

10 Q. Okay. So let's take a look at these dates. In the  
11 top kind of blue box there, you have a list of opioids.  
12 What are those?

13 First of all, what is an opioid?

14 A. So opioid is a medication or drug that contains  
15 either natural or synthetic chemical substances that are  
16 similar to opium.

17 Q. And what is -- just to give the jury an example,  
18 what is an Schedule I substance that is similar to  
19 opioid?

20 A. Heroin.

21 Q. All right. So are these opioids all chemically  
22 similar in some way to heroin actually?

23 A. They're chemically related, yes.

24 Q. All right. So let's go through and talk about  
25 them.

1 In what order are they listed?

2 A. So I listed them in the order of the number of  
3 prescriptions for that particular drug and based on the  
4 number of pills that were dispensed.

5 Q. And how many of these opioid drugs -- there's five  
6 of them listed. How many of them are in that -- that  
7 Schedule II?

8 A. Four of the five.

9 Q. Which four?

10 A. The hydrocodone, the oxycodone, morphine sulfate,  
11 and hydromorphone.

12 Q. And tramadol, is that an opioid?

13 A. It is, but it's a Schedule IV.

14 Q. Okay. Can you tell the jury, quickly, if these --  
15 let's go one by one.

16 Does hydrocodone have, like, brand names, more  
17 common names associated with it?

18 A. Yes. So hydrocodone is known by the brand name of  
19 Lortab or Vicodin.

20 Q. Okay. And is Norco also hydrocodone?

21 A. Yes.

22 Q. All right. And let's take a look at oxycodone. Is  
23 there a brand name associated with oxycodone?

24 A. Yes. So typically, the oxycodone brand names are  
25 OxyContin, Percocet, and Lorcet.

1 Q. Okay. What about tramadol?

2 A. Tramadol is known as Ultram.

3 Q. What about morphine sulfate?

4 A. Morphine sulfate, the brand name is Kadian.

5 Q. Okay. And how about hydromorphone?

6 A. Dilaudid.

7 Q. Dilaudid. Okay.

8 A. Uh-huh.

9 Q. And D-I-L-A-U-D-I-D, I believe; is that right?

10 Dilaudid. Okay.

11 A. Yeah, I think so.

12 Q. All right. We won't give you any more spelling  
13 tests today.

14 Okay. So how -- I guess, how many hydrocodone  
15 pills did Mr. Young -- just to get the jury oriented --  
16 did Mr. Young prescribe between January 1, 2015, and  
17 February 14, 2016?

18 A. His prescribing led to the dispense of 284,583.

19 Q. And by the way, this CSMD that you reviewed to get  
20 this data, what geographical area does it cover?

21 A. It covers Tennessee.

22 Q. So if a patient went to, say, Arkansas or  
23 Mississippi to fill a prescription, or Alabama, to fill a  
24 prescription, would it show up in this data?

25 A. No.

1 Q. Okay. So I guess in the state of Tennessee, then,  
2 how many oxycodone pills did --

3 A. So --

4 (Indiscernible cross-talk was had.)

5 **BY MS. PAYERLE:**

6 Q. -- did --

7 **THE COURT REPORTER:** What was the last part?

8 **THE COURT:** Y'all are talking over each other.  
9 She can't get it.

10 **MS. PAYERLE:** I apologize.

11 **BY MS. PAYERLE:**

12 Q. How many oxycodone pills did he prescribe?

13 Thank you.

14 A. He prescribed 190,172.

15 Q. Okay. And the jury can read the rest of the  
16 numbers.

17 Let's move down to the second category of  
18 benzodiazepines. Did I say that right?

19 What schedule or -- well, first of all, what are  
20 benzodiazepines?

21 A. So benzodiazepines are -- they're called analoxics  
22 (phonetic), and basically they are to help with anxiety.

23 Q. And what schedule are they?

24 A. They are Schedule IV.

25 Q. And the top one there, what's that?

1 A. Alprazolam is the same thing as Xanax.

2 Q. And the next one?

3 A. Clonazepam is Klonopin.

4 Q. And the next one?

5 A. Diazepam is a Valium.

6 Q. And lorazepam?

7 A. And lorazepam is Ativan.

8 Q. Okay. And just for -- by way of comparison and  
9 example, how many Xanax did -- or alprazolam did  
10 Mr. Young prescribe between January 1, 2015, to June 14,  
11 2016, in the state of Tennessee?

12 A. There was over 300,000 pills dispensed under his  
13 prescriptions.

14 Q. Okay. And the category you put there are muscle  
15 relaxers?

16 A. Yes.

17 Q. What is the muscle relaxer listed?

18 A. Carisoprodol, which is Soma.

19 Q. Soma?

20 A. Uh-huh.

21 Q. Okay. And what schedule is that?

22 A. That is a Schedule IV.

23 Q. Why have you put a chart together of these three  
24 categories of drugs?

25 A. Because these are the three medications that make

1 up "The Holy Trinity."

2 Q. And describe what you mean by that.

3 A. So "The Holy Trinity" is a term that has been put  
4 together by the DEA that describes using these three  
5 medications simultaneously together which increases their  
6 risk of adverse effects but also increases the high that  
7 you get from opioids.

8 Q. So can you -- do you know the word "potentiator"?

9 A. Yes.

10 Q. And what is a potentiator?

11 A. So a potentiator is a drug that you can take in  
12 conjunction with another drug that increases the intended  
13 effects for the first drug. So for example,  
14 benzodiazepines taken with opioids actually potentiates  
15 the new receptor action with opioids, but that also -- it  
16 also a raises the risk for adverse effects such as  
17 respiratory depression.

18 Q. And by "respiratory depression," what do you mean?

19 A. Slowing of breathing or stopping breathing.

20 Q. And how about if you add muscle relaxers to the  
21 mix?

22 A. Then it just further potentiates the issue.

23 Q. Okay. In your review of the data, did you see any  
24 patterns where Mr. Young was prescribing that combination  
25 or some -- some combination of opioids and

1 benzodiazepines to the same people?

2 A. Yes.

3 Q. And was that -- was that frequent or infrequent?

4 A. It occurred on a frequent basis.

5 Q. Okay. The next thing I'd like to show you is a  
6 one-page exhibit. We've marked it as 309.

7 (A document was passed to the witness.)

8 **BY MS. PAYERLE:**

9 Q. Which is a map?

10 A. Yes.

11 Q. And is this a summary chart that you also -- that  
12 was also created from the CSMD?

13 A. Yes.

14 Q. Okay.

15 **MS. PAYERLE:** I move to admit.

16 **THE COURT:** We'll receive the map, and that will  
17 be Exhibit 42.

18 (The above-mentioned item was marked as  
19 Exhibit No. 42.)

20 **MS. PAYERLE:** 42. Thank you.

21 Let's pull up 42, if we may.

22 **BY MS. PAYERLE:**

23 Q. Okay. Ms. Seabolt, what is this map that we're  
24 looking at here?

25 A. So this is a map. It's called a heat map, and what



1 it does is for each dot that is on this map, that is  
2 representation of a patient who filled a prescription in  
3 Tennessee that was prescribed by -- by Jeff Young for a  
4 controlled substance.

5 Q. Okay. So they filled it in Tennessee, but what --  
6 what -- so there's this guy out here in Arkansas  
7 that's -- so this isn't where they filled it. What is  
8 it?

9 A. No. This is where their home address is that's  
10 registered to their insurance.

11 Q. And so why -- why are we looking at their home  
12 address? What is -- what's the investigative purpose of  
13 something like this?

14 A. Well, there's a -- there's a few of them. The  
15 first thing is that their -- their registration has this  
16 as their home address, signed for each patient. But the  
17 other concern about the map looking like this is that we  
18 have patients that are coming from far away, four and a  
19 half hours or more, to see a nurse practitioner in  
20 Jackson, Tennessee.

21 Q. So let's actually zoom in on the map, if we can,  
22 just taking kind of from Nashville west, in Tennessee,  
23 kind of the western half of Tennessee. Keep going.  
24 There you go. Right there. Thank you.

25 All right. So the green dot in the middle that's

1 kind of covered over by red, what is that?

2 A. That is Jackson.

3 Q. Okay. And there's all these dots to the bottom

4 left of the screen, and they're covering over a word.

5 What's that word they're covering over?

6 A. Memphis.

7 Q. All right. So what do those dots of people living

8 in Memphis mean?

9 A. That -- that represents that they're people that

10 were living in Memphis as their home address that were

11 traveling to Jackson to see Jeff Young.

12 Q. And you're -- you're a nurse practitioner at

13 Le Bonheur in Memphis; is that right?

14 A. That's correct.

15 Q. Is it fair to say there are doctors in Memphis?

16 A. There's actually three major medical systems here

17 in Memphis and multiple providers that are pain

18 specialists.

19 Q. Okay. But these people were driving to Jackson to

20 see Mr. Young?

21 A. Yes.

22 Q. And then let's see the words in the top -- sort of

23 right here under the read dots?

24 A. Nashville.

25 Q. What's that city? That's Nashville?

1 A. Uh-huh.

2 Q. Doctors in Nashville?

3 A. There are actually four major medical systems and  
4 dozens of pain providers.

5 Q. But these folks who are living there are driving to  
6 Jackson?

7 A. Correct, to see a family nurse practitioner.

8 Q. Did you ever see this kind of driving when  
9 somebody's going to see a -- like a specialist or an  
10 exotic specialist?

11 A. Yes. If you are going to see a specialist, I mean,  
12 I would imagine that long trips are not unusual.

13 However, the fact is the patients were passing -- passing  
14 major cities that had multiple medical systems and lots  
15 of providers that are pain management to go see Jeff  
16 Young.

17 Q. Okay. Just one moment, please.

18 All right. Okay. That is our discussion of the  
19 CSMD or the prescription data that you reviewed.

20 A. Yes, ma'am.

21 Q. Now I'd like to turn back to the Medicaid data.

22 A. Okay.

23 Q. And so you were able to see, in the Medicaid  
24 data --

25

1           **THE COURT:** Excuse me.

2           **MS. PAYERLE:** Oh, yes.

3           **THE COURT:** We're going to go ahead and break  
4 for lunch.

5           **MS. PAYERLE:** Oh, great. Perfect.

6           **THE COURT:** It seems like a good time right now.

7           **MS. PAYERLE:** Perfect.

8           **THE COURT:** Okay.

9           **MS. PAYERLE:** Thank you.

10          **THE COURT:** So we're going to take our lunch  
11 break right now, ladies and gentlemen. It's about 12:15,  
12 so we will pick this back up. We'll make it 1:30, 1:30.  
13 Okay. Your lunch is in the jury room, I believe, so it's  
14 waiting for you back there. Enjoy your lunch and take a  
15 break and all. Leave notebooks in the chair, and  
16 remember, don't discuss the case with anyone or allow  
17 anyone to discuss it with you. We'll pick this up at  
18 1:30.

19                   (Jury out at 12:16 p.m.)

20          **THE COURT:** Ms. Seabolt, you can step down.

21          **THE WITNESS:** Thank you.

22          **THE COURT:** Don't discuss your testimony with  
23 anyone over the break.

24          **THE WITNESS:** Yes, sir.

25                   (The witness complies with the request.)

1                   **THE COURT:** Okay. We'll be in recess.

2                   (The morning session concluded at 12:16 p.m.)

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**C E R T I F I C A T E**

I, LASHAWN MARSHALL, RPR, LCR, do hereby  
certify that the foregoing 125 pages are, to the best of  
my knowledge, skill, and abilities, a true and accurate  
transcript from my stenotype notes of the Jury Trial  
proceedings on the 29th day of March, 2023, in the matter  
of:

United States of America

vs.

Jeffrey W. Young, Jr.

Dated this 29th day of March, 2023

S/ Lashawn Marshall  
Lashawn Marshall, RPR, LCR  
Official Court Reporter  
United States District Court  
Western District of Tennessee